

1 what happened that evening.  
2 Q. I'm talking about what evening it was. In other  
3 words, I'm sure none of the kids said it was December 19th?  
4 A. Yes. I wouldn't have put a date on it, on my  
5 write up if I had not got that date from them.  
6 Q. You're saying one of the children said, actually  
7 used the words December 19th?  
8 A. Yes.  
9 Q. But not A [REDACTED] because all he says is before  
10 Christmas?  
11 A. Right.  
12 Q. Do you remember which of the students knew, which  
13 one of the students said it was the 19th?  
14 A. We talked to several of them so no.  
15 Q. We had previously marked as Exhibit 8 C [REDACTED]  
16 B [REDACTED], this was his P.A.S.S. attendance record; is that  
17 right?  
18 A. Yes.  
19 Q. That record shows he was not in P.A.S.S. on  
20 December 19th; is that right?  
21 A. Correct.  
22 Q. And I want to ask you another question about the  
23 form. On November 27th it says that he was in P.A.S.S. and  
24 he was released. What does that mean?  
25 A. That means it would have been his last night of

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1 the P.A.S.S. After he served his, whatever, three days, two  
2 days, well, it would have been three, after he served his  
3 three days that would have been the last night he served and  
4 then he would be released from the P.A.S.S. program.  
5 Q. Okay. I'm going to show you --  
6 MR. OLDS: Let's mark this as Exhibit 13.  
7 (PLAINTIFFS' EX. 13 - SV ATTENDANCE SHEET,  
8 marked for identification.)  
9 Q. Exhibit 13 is a document entitled Strong Vincent  
10 High School attendance accounting sheet; is that right?  
11 A. Yes.  
12 Q. This isn't a P.A.S.S. attendance sheet is it or is  
13 it?  
14 A. No. This would have been her homeroom teacher's.  
15 Q. Now, this apparently involves R [REDACTED] P [REDACTED]. I'm  
16 looking at her attendance in December, and it looks like she  
17 missed unexcused absences -- well, let me ask the question:  
18 When there is an X in the field coming down, illegal, does  
19 that mean she was absent from school?  
20 A. Um-hmm.  
21 Q. So it doesn't just mean she didn't appear in  
22 homeroom, as far as you know, she wasn't in school that day?  
23 A. Yes.  
24 Q. It's illegal because there is no note?  
25 A. Right.

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1 Q. Then I note that on December 20th and 21st there  
2 is a legal absence, and it says per Capp. Do you remember  
3 the circumstances surrounding those entries?  
4 A. No. You do not have a recollection. I mean,  
5 apparently she wasn't in school. The records indicate she  
6 was not in school on 12/20 and 12/21 --  
7 A. Yes.  
8 Q. Is that correct?  
9 A. Correct.  
10 Q. Apparently somebody using your authority --  
11 A. That even looks like my writing.  
12 Q. It's your writing?  
13 A. It looks like it.  
14 Q. Do you recall why?  
15 A. I do not.  
16 Q. When a student such as R [REDACTED] had that kind of  
17 attendance record, would there be calls to her parents or  
18 anything?  
19 A. There's an automatic generated one in the middle  
20 school and high school.  
21 Q. How does that automatic generated call occur?  
22 A. Well, we had an attendance office so whenever the  
23 card came down it would just call and just say this is  
24 Strong Vincent High School your student or your child is not  
25 in school today. Please call the school, something like

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1 that. I don't know, I never actually listened to it.  
2 The elementary schools don't have -- like we don't  
3 have it at Harding. But the middle and high schools, I  
4 believe have that automatic one. Yes, whenever somebody has  
5 a -- not somebody such as R [REDACTED] -- whenever a child has  
6 that many days there are certain state laws you have to file  
7 certain paperwork. If a child misses ten days, it gets what  
8 is called a ten-day letter. Any day after that they have to  
9 have a doctor's excuse, even if it's a sore throat they  
10 still have to have a doctor's excuse.  
11 If they had three illegal days they have three  
12 days to bring in a note, so if they were off on Friday they  
13 have Monday, Tuesday, Wednesday. If they were absent on  
14 Thursday, they have Friday, Monday, Tuesday to bring it in.  
15 If they don't bring it in within three days, we mark it  
16 illegal. However, we do give a little leniency as long as  
17 they bring in -- especially middle school students, they  
18 might put it in their back pocket and it goes through the  
19 wash. If they don't bring in a note at all, at the end of  
20 those three days you mark it illegal. After three illegal  
21 days, three times they are absent and haven't brought in a  
22 note, you file what is called a first notice. That's  
23 letting the parent know that they have three illegal days.  
24 If they have any other illegal days, then you are going to  
25 get a second notice, and then it goes to the district

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1 justice.  
2 Q. Did R[REDACTED] have enough illegal days --  
3 A. Absolutely she did. I don't know if anything was  
4 filed or not.  
5 Q. There should have at least been a notice?  
6 A. There should have been a ten-day letter, I would  
7 imagine, and a first notice. Yes. I'm assuming these ones  
8 on the 17th and 18th says note, that they were legal  
9 absences. Yes, she should have had -- at the bottom there's  
10 another -- is there another page to this?  
11 Q. I don't know if there is or not.  
12 A. There should be somewhere on here where it says  
13 first notice and then you can write the date. Homeroom  
14 teacher will write the date when the first notice was,  
15 ten-day letter, second notice.  
16 Q. We will look for that.  
17 A. Once a second notice then it goes to the district  
18 justice and a court date is filed.  
19 Q. Going back to picking this date, this December  
20 19th day as the day for the incident, do you have a specific  
21 recollection here today, can you take me through  
22 step-by-step the thought process or reasoning that led to  
23 the selection of that day?  
24 A. Um, it was just what the children had told us.  
25 Q. So it's your recollection that the children -- I

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1 guess what I want to understand is, do you think you and  
2 Miss Woods reconstructed a date from what the children said  
3 or do you think -- is it your testimony that the children  
4 actually said this happened on a particular day?  
5 A. The children actually said it.  
6 Q. Happened on a particular day?  
7 A. Right, right.  
8 Q. But not A[REDACTED] F[REDACTED], he just said before  
9 Christmas break?  
10 A. Correct. We wouldn't have picked the day. It had  
11 to be close to when we actually found out about it because  
12 kids don't tend to keep things quiet. It would have been  
13 something that, you know, right after that, the 19th, we  
14 went on break on the 21st, we didn't get back till, what,  
15 the 2nd?  
16 Q. That's probably right. There's a calendar in here  
17 someplace.  
18 A. It came out fairly soon after it actually  
19 happened, which is typically what it does.  
20 MR. MARNEN: Off the record.  
21 (Discussion held off he record.)  
22 (Lunch recess.)  
23 MR. OLDS: Can you pull out -- Jim, can you pull  
24 out Woods' Deposition Exhibit 1, it's this  
25 document here. Do you have an extra copy? I have

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1 an extra copy here. She can look at the original.  
2 Q. Woods' Deposition Exhibit 1 is a January 10, 2000,  
3 and that bears the date January 10, 2001. Did you prepare  
4 this?  
5 A. Um-hmm.  
6 MR. MARNEN: Yes?  
7 A. Yes -- sorry.  
8 Q. And I take it that you prepared it -- do you  
9 recall that you sent it to the police department?  
10 A. I don't know if we sent it through Perfetto or if  
11 we sent it right down to the police department. I don't  
12 know that.  
13 Q. And do you remember why you prepared this  
14 document?  
15 A. It was just summarizing the events that had taken  
16 place.  
17 Q. You start the document by saying, it's been  
18 brought to your attention that on Wednesday, December 19th  
19 several students were engaged in inappropriate sexual  
20 behavior on the way home from the P.A.S.S. program, B[REDACTED]  
21 C[REDACTED] R[REDACTED] P[REDACTED], C[REDACTED] A[REDACTED], Y[REDACTED] -- is  
22 it H[REDACTED]  
23 A. H[REDACTED]  
24 Q. H[REDACTED], K[REDACTED] L[REDACTED], C[REDACTED] B[REDACTED], A[REDACTED]  
25 G[REDACTED] A[REDACTED] K[REDACTED] were the students in question.

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1 After interviewing all the persons involved, with the  
2 exception of K[REDACTED] L[REDACTED] because she was hospitalized at  
3 Millcreek Hospital for mental health reasons, it's apparent  
4 that C[REDACTED], Y[REDACTED] and A[REDACTED] did not participate in the  
5 sexually -- you say defiant, did you mean deviant or did you  
6 mean defiant behavior?  
7 A. Deviant.  
8 Q. Then you write R[REDACTED] P[REDACTED] admittedly went into  
9 the bathroom at the laundromat with A[REDACTED] K[REDACTED] and  
10 performed oral copulation on C[REDACTED] B[REDACTED] on December 19th.  
11 She states that B[REDACTED] C[REDACTED] had forced her to go into the  
12 bathroom with A[REDACTED] K[REDACTED]. Do you know what has been  
13 blacked out?  
14 A. I don't know. Do you have the original?  
15 Q. No, we don't.  
16 A. Who blacked this out?  
17 Q. The police department did, I guess pursuant to a  
18 court order. Did you write this memo at the same -- I mean,  
19 on one sitting?  
20 A. I don't know when I wrote it. I started writing  
21 it January 10th, did I finish it January 10th, I don't know  
22 that answer. I have to say it took me more than one day to  
23 write this because it was after we had talked to everybody.  
24 Q. You might have started, set it aside and then  
25 continued with it?

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1 A. Yes.  
2 Q. Did you -- tell me what your impression when you  
3 originally talked to R [REDACTED] on January 9th, was it your  
4 impression that her actions had been voluntary?  
5 A. I didn't get that either way. When she said that  
6 somebody had -- she had made it clear that B [REDACTED] was  
7 antagonizing it, so did I get -- I don't think I thought  
8 about it either way. I was just trying to gather the facts  
9 to try to put together what had actually happened that  
10 night.  
11 Q. This memo contains the -- you relate that, down at  
12 the bottom of the first page of this exhibit, Woods'  
13 Exhibit 1, you relate that R [REDACTED] is being taunted by B [REDACTED]  
14 C [REDACTED] and B [REDACTED] is bothering her to perform this act on  
15 other male students, and there was a second incident at the  
16 water fountain. Do you recall whether a teacher reported  
17 that to you, that second incident?  
18 A. No. No. That's how I found out about it, R [REDACTED]  
19 had told me.  
20 Q. Did you subsequently learn a teacher had observed  
21 this incident?  
22 A. I knew what I had written on there.  
23 Q. What do you mean you knew what you had written on  
24 there?  
25 A. Whatever I wrote down is what R [REDACTED] had told me.  
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1 Q. Okay. My question is: Did you subsequently learn  
2 that a teacher had observed this incident?  
3 A. No.  
4 Q. What do you recall of your conversations with  
5 K [REDACTED] L [REDACTED] mother about this incident?  
6 A. I don't know if I ever spoke to the mother about  
7 this incident.  
8 Q. Do you remember that she came to school with her  
9 sister?  
10 A. Right, but I don't think I spoke with her. I  
11 believe Miss Woods and her spoke together.  
12 Q. Why wasn't B [REDACTED] C [REDACTED] disciplined or punished  
13 for her conduct by the school district?  
14 A. Her conduct that night, the 19th?  
15 Q. Yes.  
16 A. It happened after school hours.  
17 Q. What about C [REDACTED] B [REDACTED] same thing?  
18 A. Um-hmm.  
19 Q. It did happen, though, on the way home from school  
20 and the school district's policies cover that, don't they?  
21 A. It's a gray area. He skipped P.A.S.S. also, if I  
22 am not mistaken he wasn't in P.A.S.S. that night, was he?  
23 Q. The records indicate he was not in P.A.S.S.  
24 A. Right, so he skipped P.A.S.S.  
25 Q. What about the incident that happened on Monday,  
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1 1/7/02 when B [REDACTED] tried to force R [REDACTED] down the steps and  
2 give oral sex to a male student. Why wasn't she disciplined  
3 for that incident?  
4 A. For two reasons, one, we found out at the same  
5 time we found about the laundromat incident and that kind of  
6 took precedence over everything else. Two, I don't think  
7 there was any male mentioned as far as names. B [REDACTED] didn't  
8 even admit to or took any responsibility for that night of  
9 the laundromat. So it was R [REDACTED] word against B [REDACTED] on  
10 the 7th.  
11 Q. And in an instance like that the school district  
12 won't discipline a student if it's one student's word  
13 against another?  
14 A. I can't -- if they have nothing to back up what  
15 the person is saying, yes.  
16 Q. Do you know if C [REDACTED] B [REDACTED] was in P.A.S.S. on  
17 the 7th, we have that January 7th?  
18 A. I don't know. Was he assigned P.A.S.S., I don't  
19 know.  
20 Q. That was his -- that's the calendar, it appears he  
21 was in P.A.S.S. on the 7th, January 7th.  
22 A. Yes.  
23 Q. Was he punished for that incident?  
24 A. What incident?  
25 Q. The incident that occurred on January 7th after  
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1 P.A.S.S.?  
2 A. No.  
3 Q. Now, after the third day of the investigation, the  
4 11th, the police came that morning; is that right?  
5 A. I believe so, yes.  
6 Q. And after -- do you remember how long the police  
7 were in school?  
8 A. I do not.  
9 Q. Were you present when the police met with the  
10 students?  
11 A. Some maybe.  
12 Q. Do you remember what else you were doing that day,  
13 the last day?  
14 A. No. Like I said, all the, you know, the whole  
15 entire time for these three days we were talking whether it  
16 was to students, parents, school district officials.  
17 Q. You can't distinguish. What involvement did you  
18 have in this after January 11th? What did you do about the  
19 incident that happened to K [REDACTED] L [REDACTED] and R [REDACTED] P [REDACTED]  
20 after January 11th?  
21 A. I don't think anything.  
22 Q. I have a couple questions about what happened then  
23 after that. I'm going to show you some documents that were  
24 previously marked in a different deposition here. And I  
25 have extra copies for you. This was a document that was  
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1 marked as Deposition Exhibit 1 in Charlise Moore's, it's an  
2 IEP revision review date 1/18/02.  
3 MR. MARNEN: I have a copy.  
4 MR. OLDS: That's good because I only have two.  
5 Q. Your name appears on this; is that right?  
6 A. Correct.  
7 Q. Was there an IEP review meeting?  
8 A. Yes, I guess.  
9 Q. Have you ever met Shelly P [REDACTED]  
10 A. Once.  
11 Q. When was that?  
12 A. I went over to her house one day. I don't know  
13 when it was, and we talked about R [REDACTED] I had concern.  
14 Q. Tell me about that. Do you remember was that  
15 before this incident or after?  
16 A. It would have been before. Miss Scully had  
17 brought to our attention that she thought R [REDACTED] was  
18 suicidal, so I had gone over there and I had talked to her  
19 about it.  
20 Q. Mrs. P [REDACTED]  
21 A. Yes. It was during the school day. And she was  
22 aware of my concerns, she said that she knew, she was seeing  
23 a counselor at the time. That she had, I know she had a  
24 journal that she kept herself, the daughter, R [REDACTED] and I  
25 think some of these things that are our same concerns were

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1 written in this journal and she assured me that she was  
2 seeing a counselor.  
3 Q. The IEP review revision is signed by Shelly  
4 P [REDACTED]. Did she come down to the school for an IEP  
5 meeting?  
6 A. I don't know that. Someone may have went over to  
7 her house and discussed this with her and got her signature.  
8 Q. You know the -- we had marked as exhibit -- marked  
9 as exhibit, I guess this was 13 or 12?  
10 A. This one is 12.  
11 Q. We marked as Exhibit 12 SAP records. I don't know  
12 if you ever seen them, but apparently there was a SAP, a  
13 referral for R [REDACTED] at some point. I think it was started  
14 around December 4th or something. Do you recall?  
15 A. I think there was one before that. There was one  
16 on December 4th, but there was one before that also.  
17 Q. 11/15/01 Miss Scully?  
18 A. Um-hmm, yeah.  
19 Q. Do you remember whether either one of these two  
20 events, either the one Miss Scully prepared in November,  
21 November 15th, or the one that was prepared around  
22 December 4th, and you actually prepared one around  
23 December 4th as well.  
24 A. Right.  
25 Q. Do you recall whether it was one of those two

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1 events that prompted you to go see Mrs. P [REDACTED]  
2 A. I don't know that.  
3 Q. Would it -- do you think it would have been  
4 sometime after November 15th that you would have gone to see  
5 Mrs. Polancy?  
6 A. It was right after Miss Scully found out about her  
7 having suicidal tendencies and she started having concerns.  
8 Was it the first one, I'm not sure. I believe she met with  
9 Mr. P [REDACTED] and they decided that it would be a good idea to  
10 refer her to the student assistance program.  
11 Q. I noticed that Exhibit 12 has a message from  
12 Dr. Joy, do you know who Dr. Joy is?  
13 A. A doctor. I don't know if it's a male or female,  
14 no.  
15 Q. Is that associated with the Erie School District?  
16 A. I don't believe so.  
17 MR. MARNEN: He's an Erie physician, it's a man.  
18 I think he is a psychiatrist, I'm not sure.  
19 Q. Do you know whether Dr. Joy performed an  
20 evaluation or test on R [REDACTED]  
21 A. I don't know.  
22 MR. MARNEN: His name is Charles Joy.  
23 Q. Okay. So going back to this IEP review revision,  
24 which was Moore Exhibit 1, concerning R [REDACTED] P [REDACTED]. Did  
25 you -- do you recall whether you prepared any part of this

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1 document?  
2 A. Are you talking about the first couple pages?  
3 Q. Yes.  
4 A. No, I did not.  
5 Q. Do you know who signed it as classroom teacher?  
6 A. You know what, I don't know who that is.  
7 Q. Is that your signature?  
8 A. No, I'm down by principal.  
9 Q. Do you think you wrote that signature in; is that  
10 your handwriting?  
11 A. You think that's my initials? I don't think it  
12 is. I don't see the C.  
13 Q. Okay.  
14 A. I don't know that.  
15 Q. Do you know were there any teachers there, that  
16 appears to be an L, were there any teachers there, the  
17 classroom teachers, for R [REDACTED] whose name did begin with L,  
18 the first name?  
19 A. There's Larry Graham, he was a music teacher. I  
20 have to look at the roster.  
21 Q. You don't recognize that?  
22 A. I don't think it's mine, but I don't know. I  
23 don't think it is. I don't see a C. I don't know why I  
24 would just put my initials and not the full name.  
25 Q. Who prompted the -- if you know, how did it come

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1 about that there was an IEP review revision meeting?  
2 A. They would have had to have done that before they  
3 could change schools. That's all this is saying, see the  
4 second page, notice of recommended educational placement.  
5 Q. Yes.  
6 A. That's what that's telling you is that you are  
7 changing her placement, her educational placement.  
8 Q. Who do you think would have been responsible for  
9 starting that process?  
10 A. Well, I think because of the circumstances that  
11 Mr. Ruhl was involved, Miss Woods and I were involved, Frank  
12 Scozzie, Charlise Moore, it was something that was discussed  
13 amongst us what would be the best for both she and K[REDACTED].  
14 Q. Do you have a recollection of this, that there was  
15 actually a meeting where this IEP revision review was  
16 adopted that you actually sat down with Mrs. Gray was there,  
17 you were there.  
18 A. I don't recall a meeting.  
19 Q. Then I would like you to look at, I guess I'm  
20 going to show you what was marked as Exhibit 2 in Charlise  
21 Moore's deposition.  
22 A. Okay.  
23 Q. This pertains to K[REDACTED] L[REDACTED]. And there is a --  
24 the third page of that is an IEP revision review pertaining  
25 to K[REDACTED] L[REDACTED] and it's signed by Denise L[REDACTED] Melissa  
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1 Valimont, Mrs. Gray and Linda L. Cappabianca. Do you recall  
2 a meeting occurring about K[REDACTED] L[REDACTED]  
3 A. Yes.  
4 Q. And that might have been -- I don't know if that  
5 made my question clear. Do you think there really was a  
6 meeting, an IEP meeting, or might this document have just  
7 been circulated among the people that signed it for their  
8 signature?  
9 A. It could have been. Is that typical standard, no,  
10 you actually sit down with the parents, but it could have  
11 been.  
12 Q. There might not have been a meeting in this  
13 instance?  
14 A. No.  
15 Q. Then I want to show you the documents that were  
16 marked as 3 and 4 in Miss Moore's exhibit.  
17 A. Okay, what I'm looking at, change in --  
18 Q. These two documents, is that your handwriting on  
19 these documents?  
20 A. No.  
21 Q. Have you ever seen these documents before?  
22 A. No.  
23 Q. Your name appears on that, but you have never seen  
24 these before?  
25 A. No.

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1 Q. You can give those back to me.  
2 A. I'm sorry. I didn't look at this one, is this the  
3 same thing?  
4 Q. It's the same handwriting. One pertains to  
5 K[REDACTED] and one pertains to R[REDACTED]. Did you participate at  
6 all in the decision making process that ended up with  
7 K[REDACTED] and R[REDACTED] going to Sarah Reed?  
8 A. We recommended, Jan Woods and I, that it might be  
9 better to move the girls to a different building.  
10 Q. Okay. Tell me about what you remember, first of  
11 all, I guess your discussions with Janet Woods and then how  
12 you communicated your recommendation.  
13 A. Um, we discussed that probably if the kids knew  
14 about this it may not be a good idea for the girls to be --  
15 other students, that's what who I meant by kids knew about  
16 it -- wouldn't be a good idea for the girls to be in the  
17 building. So we had suggested that, Jan had actually  
18 because proper protocol is she is the one in charge, had  
19 actually mentioned that to Frank Scozzie. And being that  
20 they were in special education it was something that the  
21 special education supervisor would have to agree upon also.  
22 Q. And do you remember when you reached that  
23 conclusion?  
24 A. I think it was in our heads the entire time even  
25 on the 9th. I don't think we discussed it with anybody  
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1 until the 10th.  
2 Q. Okay. Now, you say the other kids knew about it.  
3 Originally you said in your first deposition we talked a  
4 little about how there was hall talk before Christmas that  
5 there was this incident, sexual activity. After Christmas  
6 how did you know that the students had acquired knowledge of  
7 this?  
8 A. Through R[REDACTED]. She had said people were taunting  
9 her, the other two incidents.  
10 Q. Did you have the impression that the circumstances  
11 were widely known through the junior high?  
12 A. No. Well, I wouldn't have found out about it if  
13 it wasn't for R[REDACTED], which is not typical among middle  
14 school kids. They let you know whenever anything happens.  
15 Q. Did it occur to either you or Miss Woods that  
16 perhaps if you disciplined anyone who taunted or harassed  
17 Rachel that she could remain in the school?  
18 A. By this point it was after that we found out about  
19 it the same day we found out about everything. So had kids  
20 been disciplined -- we would have disciplined kids had it  
21 been going on, but we didn't know it was going on.  
22 Q. You decided to move them because you were afraid  
23 it was going to go on or what, that's what I don't  
24 understand?  
25 A. Not necessarily. Part of it, part of it

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1 absolutely, yes. Part of it was because we thought, I don't  
2 know if you know anything about Sarah Reed, but they have a  
3 strong like counseling component to it, therapeutic  
4 component to it. So part of it was that maybe they could  
5 have more services right there in the school to them.  
6 Q. What do you know about Sarah Reed? I don't know  
7 very much about Sarah Reed. What do you know about that  
8 school? Is that part of the alt. ed. program for Erie?  
9 A. No. Perseus House has the alternative education  
10 program.  
11 Q. Does Sarah Reed provide alternative education for  
12 any other schools?  
13 A. I think they do have -- there's different  
14 components to Sarah Reed, and I do believe there is one for  
15 behavioral issues.  
16 Q. And have you ever talked to -- did you talk to  
17 anyone at Sarah Reed about R [REDACTED] or K [REDACTED]?  
18 A. No.  
19 Q. No?  
20 A. Unh-unh.  
21 Q. Do you know whether either R [REDACTED] or K [REDACTED]  
22 became involved in rape counseling with the Rape Counseling  
23 Center?  
24 A. I don't know if I knew that at the time, I mean  
25 through reading this stuff you find out things, but I don't

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1 know if I knew that at the time.  
2 Q. So you think that you and Miss Woods -- you think  
3 actually Miss Woods communicated to Frank Scozzie that you  
4 thought it would be best to have the girls out of the school  
5 partly because you were concerned that the other kids might  
6 harass them?  
7 A. That other kids would find out what happened, yes.  
8 Q. And partly because you thought that Sarah Reed  
9 might have a therapeutic program for them, right?  
10 A. (Witness moved head up and down.)  
11 Q. Do you know whether there -- are there any  
12 therapeutic programs in any of the regular schools in the  
13 Erie School District?  
14 A. They would have what we had. They would have like  
15 Chris Ruhl on staff, which is a mental health counselor.  
16 They might have had an IJDP person, intensive juvenile  
17 delinquency prevention program. I don't think they had  
18 anything other than those.  
19 Q. Did you consider that as an alternative before you  
20 thought, well, maybe we should recommend Sarah Reed for the  
21 girls?  
22 A. To move them to another building.  
23 Q. Did you consider that?  
24 MR. MARNEN: I am not sure you're communicating  
25 here.

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1 Q. Yeah, actually my question was: Did you consider  
2 that maybe Chris Ruhl and Mrs. DiBello could have provided  
3 counseling and support in the school or perhaps other  
4 professionals could have provided counseling and support in  
5 the school, in Sarah Reed?  
6 A. I think we tried to look --  
7 Q. I mean in Strong Vincent.  
8 A. Right. And we tried to look at what was best for  
9 them, and I mean we could have. Do I think it would have  
10 been beneficial, no. I think the placement was appropriate  
11 at the time.  
12 Q. And so you were going, I think -- what did you --  
13 you saw the language on the IEP revision review, I take it.  
14 I'm sorry, I will give you that again, that's Moore  
15 Exhibit 1 here. Develop consistent patterns of appropriate  
16 behavior through a program of therapeutic behavior support.  
17 A. I don't know what I am looking at.  
18 Q. First page, right here, objective benchmark, I'm  
19 reading that. I guess the short-term instructional  
20 objectives of an IEP review revision was develop consistent  
21 patterns of appropriate behavior through a program of  
22 therapeutic behavior support. Is that what you and  
23 Miss Woods talked about?  
24 A. No.  
25 Q. What did you and Miss Woods talk about?

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1 A. It was just a suggestion that we had made. I  
2 wasn't -- I don't know if you're interpreting this to be  
3 more because of behavioral issues.  
4 Q. I don't know how to interpret that. How do you  
5 interpret that IEP revision review document objective  
6 benchmark; how do you interpret it?  
7 A. I don't know if I understand it. Okay. I would  
8 interpret that to be some of those aggressive behaviors that  
9 she was displaying. I could be wrong, because I didn't  
10 prepare this report, but this is how I interpret it is that  
11 some of the behavioral -- behaviors that she was displaying  
12 that she would learn to deal with things in a different way  
13 than to act out. It might have been, I don't know,  
14 there's -- a lot of this is stuff that I am reading too with  
15 the pounding on the wall and things like that.  
16 Q. Is that -- I'm not familiar with that reference,  
17 that's something you have read in terms of the --  
18 A. Yes, since this case came out.  
19 Q. You didn't write that objective benchmark; is that  
20 correct?  
21 A. Correct.  
22 Q. Do you know who did?  
23 A. I'm assuming Charlise Moore, I don't know that.  
24 Q. Do you have conversations with Charlise Moore  
25 about Rachel?

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1 A. I didn't personally, I think I went through Jan on  
2 everything.  
3 Q. Do you know what a therapeutic behavioral support  
4 program is? I think you have a special ed. background,  
5 don't you?  
6 A. Um-hmm.  
7 Q. Who does a therapeutic behavior support program?  
8 A. I would say it has more of a counseling component  
9 to it.  
10 Q. What do you know or are you speculating?  
11 A. I'm speculating.  
12 Q. So a program of therapeutic behavior support isn't  
13 a term of art in special ed.?  
14 A. No, not necessarily.  
15 Q. Behavior support programs, that is a special --  
16 that is a type of program for kids with severe behavior  
17 problems; is that right?  
18 A. I would imagine among other things, but I would  
19 say yes.  
20 Q. We spent some time, I think in your first  
21 deposition, talking about -- you were taking steps to get  
22 C█████ B█████ out of Strong Vincent.  
23 A. Correct.  
24 Q. And did you want to send him to Sarah Reed?  
25 A. No.

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1 Q. Where did you want to send him?  
2 A. Alternative education, which is Perseus House.  
3 Q. Perseus House?  
4 A. Yes.  
5 Q. Is that a behavior support program at Perseus?  
6 A. That's more a behavior modification program.  
7 Q. Behavior modification. Okay. Is there -- to your  
8 understanding is there a difference between a behavior  
9 modification program and a program of therapeutic behavior  
10 support?  
11 A. I would say there was, to my understanding.  
12 Q. Exhibit 2, which is the one -- if you want to take  
13 this top clip off and go to the second that's Exhibit 2,  
14 that's Moore Exhibit 2. And that's a temporary home  
15 placement, and were you aware that K█████ was going to be  
16 given a temporary home?  
17 A. Right, same with R█████. That's what it says here  
18 IEP in the home. Yes. They have to do a change of  
19 placement whenever you are -- whenever they are not in the  
20 school building.  
21 Q. Had you ever seen a temporary home placement for  
22 five days?  
23 A. Yes.  
24 Q. Is that something that is frequently used by the  
25 Erie School District?

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1 A. We no longer use it, but that year we did do what  
2 is called in home IEP.  
3 Q. Why only that year, if you know?  
4 A. I don't know why. I just found out we don't need  
5 them -- I have not had to use them since that year. It  
6 depends on the population of students that you have, but  
7 when a child has an IEP you try to keep them in school, you  
8 don't want to suspend them. If there is something that  
9 warrants them being suspended, then we could do an in home  
10 IEP. That way they are still getting their individual  
11 education plan, but it is going to be in the home not at --  
12 Q. So that's a device or procedure that was used in  
13 2001, 2002?  
14 A. Right. I don't know if you know anything about  
15 special ed. laws, but there are very many of them and you  
16 try not to exclude the child from school.  
17 Q. Right.  
18 A. So this was, I think, a way for us -- because, I  
19 mean, sometimes you have special ed. kids that not because  
20 of manifestation of their disability, but you have kids that  
21 commit infractions that if it was the regular education the  
22 student would be suspended right away and you can't do that  
23 with a special ed. child.  
24 Q. Did you know that -- I think we are going to find  
25 this out, but do you know whether R█████ and K█████ were

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1 referred to a behavior modification program at Sarah Reed?  
2 A. I don't know that.  
3 Q. When you found out sometime in January that  
4 K█████ was among the students who were at the laundromat  
5 that night, and the other students that you interviewed  
6 talked about the fact that K█████ had been engaged -- had  
7 been forced to give oral sex to C█████ B█████ did you  
8 relate that back to the conversation that you had with  
9 K█████ in December?  
10 A. Yes.  
11 Q. Did you think that K█████ had problems  
12 communicating? I mean, was she able to express what she  
13 needed to express to get the ideas that she wanted to get  
14 across across?  
15 A. Yes.  
16 Q. She was able to do that?  
17 A. Yes.  
18 Q. You didn't think she had trouble communicating?  
19 A. No. I don't know how she was written. I don't  
20 know if she could write her ideas out, but she was very -- I  
21 mean, she was able to tell you how she was feeling.  
22 Q. Actually I have another question here about this  
23 exhibit, let me find the document. Once again returning  
24 back to Moore Exhibit 1, document Bate stamped 442, it is a  
25 handwritten statement signed by Shelly P█████. I'm

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1 time that you would have also seen the notice of recommended  
2 educational placement?  
3 A. Um-hmm.  
4 Q. You would?  
5 A. Yes.  
6 Q. But today is the first day you saw it?  
7 A. Today is the first day I saw it.  
8 Q. Now, B [REDACTED] C [REDACTED] stayed in school at Strong  
9 Vincent until the police came and arrested her; is that  
10 right?  
11 A. Yes.  
12 Q. We spent a little time in your first deposition  
13 talking about C [REDACTED] B [REDACTED] and the disciplinary problems  
14 that he presented. Did B [REDACTED] C [REDACTED] present disciplinary  
15 problems in school?  
16 A. Yes.  
17 Q. What kind of problems do you remember her  
18 presenting?  
19 A. I wish I had her discipline report in front of me.  
20 Do you have them?  
21 Q. No, I don't think. The only discipline reports we  
22 have are C [REDACTED] B [REDACTED] right?  
23 SPEAKER1: We have B [REDACTED] in the car.  
24 A. I mean, I don't know if I could give you  
25 specifics. She had a lot of issues. She was actually

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1 placed in the alternative education program.  
2 Q. Eventually or when?  
3 A. It may have been the year before because I think  
4 she was eighth grade that year.  
5 Q. Eighth grade when she was in the alternative --  
6 A. This year. No, the year that this took place. So  
7 I think I put her in when she was in seventh grade. And  
8 believe me, you try to put someone in the alternative  
9 education as the last possible means of --  
10 Q. Dealing with them?  
11 A. Right.  
12 Q. Because those are the worst students, right?  
13 A. No. There are kids in there because they are  
14 attendance problems. The district justice will court order  
15 them there. They could be attendance problems. At the  
16 public school you try to use every intervention possible  
17 before you put a student somewhere else.  
18 Q. Let me just -- we had marked as -- actually it had  
19 been marked as Defendants' Exhibit C. You remember that we  
20 talked about C in your deposition. The middle and high  
21 school policy, and I'm looking at Page 9 of that policy  
22 concerning the alternative education program and it says --  
23 I just want you to let me know if you agree with this.  
24 Quote, the alternative education program serves as  
25 an intervention, the focus being on the development of

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1 prosocial behaviors. The program staff works with students  
2 in grades sixth through twelfth whom have been removed from  
3 the regular school because of serious disruptive behavior.  
4 Serious disruptive behavior is defined as assaultive  
5 behavior, behavior in violations of the weapons policy or  
6 behavior in violation of terroristic threats, terroristic  
7 acts policy. Other patterns of disruptive behavior are  
8 determined by the assistant superintendent of school. Is  
9 that -- one of those reasons is that why you put B [REDACTED]  
10 A. Yes. May I see this? I think if you go down  
11 further it doesn't have to be necessarily one, it could be  
12 chronic disruptive behavior. Right here. Go down further,  
13 chronic disruptive, which means they had a pattern of being  
14 in trouble over and over and over again. Could be things  
15 like swearing but, you know, they had Saturday detention for  
16 it, and then the next time you swear it's three days of  
17 P.A.S.S., and it could just be constantly being referred to  
18 my office.  
19 Q. Okay. Then you petition the assistant  
20 superintendent, okay. I see that.  
21 MR. OLDS: I am looking for something. Off the  
22 record.  
23 (Discussion held off the record.)  
24 MR. OLDS: Back on the record.  
25 Q. Let me -- we are almost done here, okay?

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1 A. That's okay.  
2 Q. You were looking at B [REDACTED] C [REDACTED] discipline  
3 record, what sorts of discipline problems did she have?  
4 A. Okay. I am just going to do the year she was in  
5 seventh grade. We had threats to students, insubordination  
6 skipping detention, fighting, excessive tardiness, excessive  
7 tardiness, disorderly conduct, profanity, profanity,  
8 disorderly conduct, dress code, disorderly conduct.  
9 Q. Was she better in eighth grade?  
10 A. She had skipping detention, profanity, profanity.  
11 Yeah, the last time she was in trouble in eighth grade was  
12 in October.  
13 Q. Before this incident?  
14 A. Right.  
15 Q. Do you know who the Title IX officer was at Strong  
16 Vincent?  
17 A. (Witness moved head side to side.)  
18 Q. Do you know anything about Title IX?  
19 A. Very little.  
20 Q. What do you know about Title IX?  
21 A. Wasn't that sports and women's rights?  
22 Q. Yes, partly. This lawsuit is under Title IX as  
23 well. But anyway, you don't know who the Title IX officer  
24 was?  
25 A. Would we have one? I don't know.

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1 Q. I think that you would, but I'm not certain. When  
2 you -- were there particular rules in terms of guiding you  
3 in dealing with complaints of sexual -- aside from this  
4 instance that you investigated involving R [REDACTED] and  
5 K [REDACTED], did you ever investigate any other sexual  
6 harassment complaints at Strong Vincent?  
7 A. No. I had one other incident, I don't know if it  
8 was the same year, I was there for a two-and-a-half-year  
9 period, where a boy actually grabbed a girl in an  
10 inappropriate place.  
11 Q. Did you conduct an investigation on that?  
12 A. Yes.  
13 Q. Was the boy disciplined?  
14 A. He was out of the building the very next -- it  
15 happened right in the hallway and he longer remained at that  
16 school. She actually went to another school of her own  
17 accord. The parents did not want her back in that building.  
18 Q. Were there witnesses to this incident?  
19 A. There was another boy, yes.  
20 Q. In terms of the -- I understand that the  
21 disciplinary records apparently were destroyed. I think  
22 that you told me that or was it Miss Woods?  
23 A. Think I did.  
24 Q. When did that happen?  
25 A. Probably the first year -- probably three years

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1 ago, whenever I left. I have been at Harding for three  
2 years. I think it was that first year we got these big huge  
3 shredders and they put everything in the shredders.  
4 Q. So when you were at -- you were at Harding that  
5 year you destroyed discipline records that had been  
6 generated at Harding from prior years?  
7 A. Um-hmm.  
8 Q. Yes?  
9 A. Yes. I'm sorry, yes.  
10 Q. And so the disciplinary records were not -- were  
11 no longer being retained even on -- you destroyed them for  
12 the year before; is that right.  
13 A. Yes.  
14 Q. There's no longer a discipline record retention in  
15 Erie?  
16 A. Just these things.  
17 MR. MARNEN: These things are what?  
18 MR. OLDS: The computer printout.  
19 A. Right. There's a computer printout, but this is  
20 the only -- this isn't like a daily account. Like if  
21 someone was sent to me on a daily account but it didn't go  
22 to Saturday detention or P.A.S.S., then it would have been  
23 in the computer.  
24 Q. Could I see that for a second?  
25 A. Yes.

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1 Q. We also, I think that we looked at, for instance,  
2 that was Cappabianca Exhibit 9, which was K [REDACTED] I [REDACTED]  
3 discipline record. Did you and I agree the last time that  
4 we did this deposition that those disciplinary records don't  
5 seem to be very accurate, the computer generated ones?  
6 A. Right. I told you that I didn't have a secretary  
7 so I would have to go down to the main office and give  
8 her -- she was going to put these in the computer. There's  
9 actually a letter goes home to the parent, and that letter  
10 also gets sent to our computer center and like the homeroom  
11 teacher, so the homeroom teacher, like if it was a  
12 suspension, would know how to mark the days. The counselor,  
13 I believe got a copy of the letter. So, yes, these are not  
14 accurate.  
15 Q. I think it is just the top two there. And have  
16 you continued destroying the records at the end of each year  
17 or at the beginning of the year following the year that just  
18 ended?  
19 A. Either way.  
20 Q. It is still the policy --  
21 A. It is.  
22 Q. -- to destroy disciplinary records --  
23 A. It is.  
24 Q. -- and just retain the computer records?  
25 A. Yes.

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1 Q. Do you know why?  
2 A. I think they don't want the, they being the school  
3 district, doesn't want a person's discipline to follow them  
4 from year to year. Like you can't hold it against them  
5 because they might have been in all kinds of trouble when  
6 they were in seventh grade to count against them when they  
7 are in eighth grade. It's like a clean start, I believe.  
8 Q. In this case do you remember when you and  
9 Miss Woods decided to call the police?  
10 A. Well, the school resource officers, which were  
11 Erie police officers but hired through the district at the  
12 time, they were informed right away. Perfetto was informed  
13 right away. When the Erie Police Department -- they didn't  
14 come in for a couple days. When they were actually called,  
15 I don't know that.  
16 Q. Do you know who called them?  
17 A. I don't know if Perfetto did it or if Jan did it.  
18 Q. Do you know when it was -- you don't know when it  
19 was decided to call them?  
20 A. I don't know that.  
21 Q. When did you realize that you were actually  
22 participating in a criminal investigation? When did you  
23 realize this was a criminal assault?  
24 A. First thing.  
25 Q. First thing what?

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1 A. As soon as I found out about it on the 9th.  
2 Q. Well, weren't you unclear when you found out about  
3 it on the 9th, I mean, whether R[REDACTED] had engaged in  
4 consensual conduct or was coerced? I mean, wasn't that a  
5 question in your mind?  
6 A. It was a question in my mind, but any child, I'm  
7 going to refer to her as a child, engaging in sexual  
8 activity I think needs to be reported or addressed in some  
9 manner, and it was very serious. Whether it was willingly,  
10 I don't think I even thought about that. I mean, I had  
11 people like A[REDACTED] that think she was being punched in the  
12 ribs.  
13 Q. When you earlier indicated that girls will come to  
14 you and say, I'm worried about being pregnant, and I think  
15 you indicated that you would call their parents?  
16 A. Yes.  
17 Q. Would you have called the parents of the boys who  
18 have impregnated the girls as well?  
19 A. Yes. There was only one boy -- oh, you mean of  
20 the girls that came to me. It depends, there were times I  
21 have talked to the parent, and the parent would bring them  
22 right down to the gynecologist and found out that the girl  
23 never had sex. I mean, it depended on the situation.  
24 Q. You called C[REDACTED] B[REDACTED] mother in this  
25 situation, right?

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1 A. Yes, but it was the father that came in. That was  
2 the first time I ever met him.  
3 Q. Last time we were here you indicated that, I think  
4 that we talked a little bit about your efforts to meet with  
5 Mrs. B[REDACTED] and C[REDACTED] and talk about the alternative  
6 education placement for them; is that right?  
7 A. Yes.  
8 Q. And you actually did have a meeting with her about  
9 that?  
10 A. We did.  
11 Q. You just don't know when it occurred?  
12 A. I don't know.  
13 Q. She didn't agree to the alternative education  
14 placement; is that right?  
15 A. Correct.  
16 Q. Looking at R[REDACTED] attendance records where you  
17 indicated that it was okay per Mrs. Capp, do you think that  
18 had anything to do with this sexual assault?  
19 A. No. I didn't find out about it until she had her  
20 outburst.  
21 Q. Okay.  
22 A. You know, unfortunately, like the notes and  
23 everything that were written here for her being absent, we  
24 have to keep those on file for a year. I would have wrote a  
25 note -- we have to because we're audited -- I would have

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1 wrote a note as to why she would have been out. They would  
2 have kept it with all -- you have like, I don't know, each  
3 teacher does it different, but I used to keep like an  
4 envelope on each child and then anytime they brought in an  
5 excuse I would have put it in there. So knowing that we  
6 have to have documentation for a year, I would have wrote a  
7 note as to why she had would have been out.  
8 Q. That's destroyed after a year?  
9 A. They throw them out after a year.  
10 Q. When the police came -- from time to time I know  
11 they came in to talk to A[REDACTED] K[REDACTED] and they arrested  
12 him and B[REDACTED] C[REDACTED], did you talk to the police officers  
13 each time they came in to investigate this?  
14 A. I don't remember A[REDACTED] K[REDACTED] being arrested --  
15 was he arrested from school? I don't even remember that.  
16 B[REDACTED], I was the one that went and got her and they took her  
17 out in handcuffs. I do remember that day.  
18 Q. Do you remember which police officers you talked  
19 with?  
20 A. I want to say it was Detective Green.  
21 MR. OLDS: I don't think I have any other  
22 questions, I think I'm done.  
23 MR. MARNEN: I do not have any. We'll read.  
24 (Examination concluded at 2:25 p.m.)  
25 \* \* \*

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1 CERTIFICATION  
2  
3  
4 I, Linda K. Rogers, Shorthand Reporter and  
5 Commissioner of Deeds in and for the Commonwealth of  
6 Pennsylvania, do hereby certify that I recorded  
7 stenographically the proceedings herein at the time and  
8 place noted in the heading hereof, and that the foregoing is  
9 an accurate and complete transcript of same to the best of  
10 my knowledge and belief.  
11  
12  
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21  
22 Dated: May 16, 2005  
23  
24  
25

Linda K. Rogers

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Richard P. v. School District

A000000138  
Robert Iddings

May 5, 2005

Page 1

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE WESTERN DISTRICT OF PENNSYLVANIA

3       RICHARD P., by and for  
4       Rachel P., and DENISE L.,  
5       by and for Kristina L.,  
6                   Plaintiffs

7                   v.

8                   Civil Action No. 03-390  
9                   Erie

10       SCHOOL DISTRICT OF THE CITY  
11       OF ERIE, PENNSYLVANIA; JANET  
12       WOODS, Individually and in  
13       her Capacity as Principal of  
14       Strong Vincent High School;  
15       and LINDA L. CAPPABIANCA,  
16       Individually and in her  
17       Capacity as Assistant  
18       Principal of Strong Vincent  
19       High School,  
20                   Defendants

21                   Deposition of ROBERT R. IDDINGS, taken before  
22       and by Janis L. Ferguson, Notary Public in and  
23       for the Commonwealth of Pennsylvania, on Thursday,  
24       May 5, 2005, commencing at 11:49 a.m., at the  
25       offices of Knox McLaughlin Gornall & Sennett, PC,  
26       120 West 10th Street, Erie, Pennsylvania 16501.

27                   Reported by Janis L. Ferguson, RPR  
28       Ferguson & Holdnack Reporting, Inc.

Richard P. v. School District

A000000139  
Robert Iddings

May 5, 2005

<p style="text-align: right;">Page 2</p> <p>1 For the Plaintiffs:</p> <p>2 Edward Olds, Esquire</p> <p>3 Carolyn Spicer Russ, Esquire</p> <p>4 1007 Mount Royal Boulevard</p> <p>5 Pittsburgh, PA 15223</p> <p>6 For the Defendants:</p> <p>7 James T. Marnen, Esquire</p> <p>8 Knox McLaughlin Gornall &amp; Sennett, PC</p> <p>9 120 West 10th Street</p> <p>10 Erie, PA 16501</p> <p>11 For Sarah Reed Children's Center:</p> <p>12 Marissa Savastana, Esquire</p> <p>13 MacDonald Illig Jones &amp; Britton, LLP</p> <p>14 100 State Street</p> <p>15 Suite 700</p> <p>16 Erie, PA 16507</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1 ROBERT R. IDDINGS, first having</p> <p>2 been duly sworn, testified as follows:</p> <p>3</p> <p>4 DIRECT EXAMINATION</p> <p>5</p> <p>6 Q. Mr. Iddings --</p> <p>7 A. Correct.</p> <p>8 Q. -- could you state your full name and spell it for</p> <p>9 the record.</p> <p>10 A. Yes. Robert, R-O-B-E-R-T, Ray, R-A-Y, Iddings,</p> <p>11 I-D-D-I-N-G-S.</p> <p>12 Q. And you work for Sarah Reed; is that right?</p> <p>13 A. That's right.</p> <p>14 Q. And we have actually served a Rule 30(b)(6)</p> <p>15 deposition notice on Sarah Reed, and I guess they have</p> <p>16 designated you to testify on behalf of the institution. Is</p> <p>17 that correct?</p> <p>18 A. Right, yes.</p> <p>19 Q. What is your position at Sarah Reed?</p> <p>20 A. I'm the clinical supervisor.</p> <p>21 Q. Tell me, who do you report to?</p> <p>22 A. The director of clinical services.</p> <p>23 Q. And who is that?</p> <p>24 A. Dr. Eric Schwartz.</p> <p>25 Q. And is Dr. Schwartz a medical doctor?</p>
<p style="text-align: right;">Page 3</p> <p>1 INDEX</p> <p>2</p> <p>3 TESTIMONY OF ROBERT R. IDDINGS</p> <p>4 Direct examination by Mr. Olds . . . . . 4</p> <p>5 Cross-examination by Mr. Marnen . . . . . 38</p> <p>6</p> <p>7</p> <p>8</p> <p>9 EXHIBITS:</p> <p>10 Iddings Deposition Exhibit 1 - Page 10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 5</p> <p>1 A. He is a licensed psychologist.</p> <p>2 Q. Ph.D.?</p> <p>3 A. Sci.D.</p> <p>4 Q. And you're the -- wait. You're the clinical</p> <p>5 supervisor, you say?</p> <p>6 A. Right.</p> <p>7 Q. And you report to the director of -- clinical</p> <p>8 director.</p> <p>9 A. Right.</p> <p>10 Q. Who does he report to?</p> <p>11 A. The executive vice president.</p> <p>12 Q. And who is that?</p> <p>13 A. Mr. Dan Alessi.</p> <p>14 Q. A-L-L --</p> <p>15 A. A-L-E-S-S-I.</p> <p>16 Q. Then Mr. Alessi reports to --</p> <p>17 A. Mr. Mando.</p> <p>18 Q. Mr. Mando, okay. And you're on the clinical side.</p> <p>19 Are there other areas of -- in terms of the organizational</p> <p>20 structure -- for instance, is there an educational</p> <p>21 component?</p> <p>22 A. Right. There is an educational supervisor.</p> <p>23 Q. Okay. Who is that?</p> <p>24 A. Kevin Dildine, D-I-L-D-I-N-E.</p> <p>25 Q. And are there any other broad areas?</p>



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<p style="text-align: right;">Page 6</p> <p>1 A. There's a program operations supervisor.</p> <p>2 Q. What does that person do?</p> <p>3 A. She oversees the counselors and the intakes and --</p> <p>4 and kind of the financial end of things, to make sure that</p> <p>5 we are all balanced and we're in compliance.</p> <p>6 Q. Are there just three broad areas like that?</p> <p>7 A. Right.</p> <p>8 Q. The clinical supervisor, what are your</p> <p>9 responsibilities?</p> <p>10 A. I supervise the clinical services for the program,</p> <p>11 for three-year-olds through twelfth grade.</p> <p>12 Q. And what kind of people -- who reports to you?</p> <p>13 A. All of the therapists within the program.</p> <p>14 Q. And how many therapists are there?</p> <p>15 A. 11. You mean from three-year-old through twelfth</p> <p>16 grade?</p> <p>17 Q. Twelfth grade, yes.</p> <p>18 A. 11.</p> <p>19 Q. Those would be -- are there other kind of</p> <p>20 therapists that handle other kinds of either populations or</p> <p>21 problems?</p> <p>22 A. There are people who do therapeutic recreation</p> <p>23 activities, people who do therapeutic art activities.</p> <p>24 Q. What about, is there a therapeutic program for the</p> <p>25 preschoolers?</p>	<p style="text-align: right;">Page 8</p> <p>1 program, aside from the alternative ed./partial program? Is</p> <p>2 there yet another educational program?</p> <p>3 A. Not within our programs. There is one at the</p> <p>4 residential facility, but that's different.</p> <p>5 Q. Residential, okay. And do you know, the clinical</p> <p>6 side, the side that reports to you, you provide therapy</p> <p>7 to -- on an outpatient basis; is that right? Your</p> <p>8 clinicians or your therapists?</p> <p>9 A. Right. I don't supervise the outpatient</p> <p>10 therapists.</p> <p>11 Q. Who does that?</p> <p>12 A. That's a separate department. Her name is Megan</p> <p>13 Probst, P-R-O-B-S-T.</p> <p>14 Q. And does she report to Dr. Schwartz?</p> <p>15 A. Dr. Schwartz, correct.</p> <p>16 Q. Do you know how many therapists are supervised by</p> <p>17 her?</p> <p>18 A. Three, I believe.</p> <p>19 Q. And there -- I think you said there are 11</p> <p>20 therapists that you supervise, or nine?</p> <p>21 A. There are 11.</p> <p>22 Q. 11. And are there any other professionals, aside</p> <p>23 from the recreational therapists, are there any other</p> <p>24 professionals that you supervise?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 7</p> <p>1 A. Yes.</p> <p>2 Q. And --</p> <p>3 A. That falls under me.</p> <p>4 Q. That falls under you as well. So when you said --</p> <p>5 three-year-olds, okay. I thought you said third grade. And</p> <p>6 do these other therapeutic areas report to you as well,</p> <p>7 like --</p> <p>8 A. No.</p> <p>9 Q. They report to who?</p> <p>10 A. They report to -- actually, the one therapeutic</p> <p>11 recreations person does report to me. The art person, I</p> <p>12 believe, reports to Lori Eaton, the program operations</p> <p>13 supervisor.</p> <p>14 Q. And that would be -- that was the third area --</p> <p>15 A. Correct.</p> <p>16 Q. -- that you gave me. Okay. Then tell me what, to</p> <p>17 your understanding, what the educational side looks like.</p> <p>18 Kevin Dildine, you said?</p> <p>19 A. Correct.</p> <p>20 Q. Do you know how many teachers there are at Sarah</p> <p>21 Reed, by any chance?</p> <p>22 A. Just in the alternative ed. and partial programs?</p> <p>23 Q. Yes.</p> <p>24 A. There are nine certified teachers. At least nine.</p> <p>25 Q. Okay. And is there a different educational</p>	<p style="text-align: right;">Page 9</p> <p>1 Q. Now, describe for me the nature of your</p> <p>2 supervision over these therapists. Do you review cases with</p> <p>3 them?</p> <p>4 A. Yes.</p> <p>5 Q. So it's sort of a case-management --</p> <p>6 A. Yes.</p> <p>7 Q. -- type position? And how many -- what is the</p> <p>8 caseload of the therapists that work for you -- or work</p> <p>9 under you?</p> <p>10 A. Anywhere from 10 to 26 clients.</p> <p>11 Q. And their clients would all be students.</p> <p>12 A. Correct.</p> <p>13 Q. In the day program, not the residential program.</p> <p>14 A. Correct.</p> <p>15 Q. Is the residential program located at the same</p> <p>16 geographic facility?</p> <p>17 A. No, it isn't. No.</p> <p>18 Q. And where is Sarah Reed in Erie?</p> <p>19 A. We have two buildings; 1020 East 10th Street and</p> <p>20 310 East 10th Street.</p> <p>21 Q. And what kinds of activities go on at the 1020</p> <p>22 East 10th Street building?</p> <p>23 A. Our outpatient services.</p> <p>24 Q. And the 310, is that the school?</p> <p>25 A. No. And then we do have school-based services at</p>

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<p style="text-align: right;">Page 10</p> <p>1 1020. Second grade through twelfth.</p> <p>2 Q. Then what happens at 310?</p> <p>3 A. Preschool through first grade.</p> <p>4 MR. OLDS: I know I said I wasn't going to mark</p> <p>5 this as an exhibit, but I think I will.</p> <p>6 (Discussion held off the record.)</p> <p>7 (Iddings Deposition Exhibit 1</p> <p>8 marked for identification.)</p> <p>9 Q. We have been -- Mr. Iddings, we have been provided</p> <p>10 several pamphlets. As you know, as I said in the previous</p> <p>11 deposition, I represent R■■■■P■■■■ and K■■■■L■■■■</p> <p>12 who were provided services by Sarah Reed Children's Center.</p> <p>13 And I assume that the services they were provided were -- I</p> <p>14 should have asked this before Mr. Marnen photocopied it --</p> <p>15 were in the program that is described in the pamphlet that I</p> <p>16 have marked as Exhibit 1?</p> <p>17 A. I believe so.</p> <p>18 Q. Your institution has also provided us with a</p> <p>19 pamphlet called After-School Program and another pamphlet</p> <p>20 called Community Outpatient Program. And probably those</p> <p>21 don't pertain to --</p> <p>22 A. Correct.</p> <p>23 Q. -- my two clients. Is that right?</p> <p>24 A. That's right.</p> <p>25 Q. And the -- I guess the first topic that --</p>	<p style="text-align: right;">Page 12</p> <p>1 made up of a teacher --</p> <p>2 Q. Okay.</p> <p>3 A. -- a counselor, and a therapist.</p> <p>4 Q. And does each team take responsibility for a</p> <p>5 particular student?</p> <p>6 A. Yes.</p> <p>7 Q. I mean, they have more than one student, but --</p> <p>8 A. Right.</p> <p>9 Q. So do you know how many students a team might</p> <p>10 have?</p> <p>11 A. Up to 13.</p> <p>12 Q. How many classrooms are there at Sarah Reed? And</p> <p>13 if it's changed dramatically since 2002, I'd like you to</p> <p>14 focus on 2002.</p> <p>15 A. Okay.</p> <p>16 Q. I mean, if the size of the school has changed.</p> <p>17 A. Yeah, not -- not too dramatically. There are</p> <p>18 seven classrooms in 1020 East 10th Street, where both of the</p> <p>19 girls would have been.</p> <p>20 Q. And are the students divided in the classroom</p> <p>21 based upon age or based upon types of problems?</p> <p>22 A. Generally based upon grade level and developmental</p> <p>23 level.</p> <p>24 Q. R■■■■ and K■■■■ were, I think, in seventh</p> <p>25 grade in 2000 -- in January of 2002 when they were admitted</p>
<p style="text-align: right;">Page 11</p> <p>1 identified in the Rule 30(b)(6) deposition notice is types</p> <p>2 and parameters of educational behavior and therapeutic</p> <p>3 programs offered and administered by SARCC. So maybe</p> <p>4 looking at that area of inquiry -- and this pamphlet, we</p> <p>5 could try to understand the types of educational programs,</p> <p>6 coupled with therapy programs that Sarah Reed offers. Okay?</p> <p>7 A. Okay.</p> <p>8 Q. So, first of all, Exhibit 1, is this just a</p> <p>9 pamphlet that is prepared to hand out to parents or other</p> <p>10 educators, maybe?</p> <p>11 A. Right.</p> <p>12 Q. Just to identify the public or perhaps clients</p> <p>13 with the services offered by Sarah Reed.</p> <p>14 A. That's right.</p> <p>15 Q. So at best, it's just a shorthand --</p> <p>16 A. That's right.</p> <p>17 Q. -- of what's going on here. It describes a</p> <p>18 page -- I guess I'm looking at Page 7 -- describes a</p> <p>19 classroom level program. And I guess my question is, do you</p> <p>20 have -- do you have very much interface with the educational</p> <p>21 side of Sarah Reed?</p> <p>22 A. Yes.</p> <p>23 Q. Well, and how does that happen?</p> <p>24 A. All of the supervisors try to integrate the</p> <p>25 clinical aspects with the educational aspects. Each team is</p>	<p style="text-align: right;">Page 13</p> <p>1 to Sarah Reed. What kinds of -- what classrooms would have</p> <p>2 been available to them, given the fact that they were in</p> <p>3 seventh grade?</p> <p>4 A. I don't know specifically, but I'm guessing it</p> <p>5 would have been -- we have two pre-adolescent classrooms.</p> <p>6 Q. And would those classrooms -- they would be in one</p> <p>7 or the other, depending upon their developmental level?</p> <p>8 A. Developmental level and space.</p> <p>9 Q. Okay. And when you use the term "developmental</p> <p>10 level", what are you referring to?</p> <p>11 A. Cognitive ability and emotional maturity.</p> <p>12 Q. And how many students would have been in those</p> <p>13 pre-adolescent classrooms?</p> <p>14 A. I don't know specifically, but it would go up to</p> <p>15 13.</p> <p>16 Q. No more than -- is it fair to say no more than 13?</p> <p>17 A. Yes.</p> <p>18 Q. And would there be one teacher assigned to each</p> <p>19 classroom or more than one teacher?</p> <p>20 A. One teacher and one counselor.</p> <p>21 Q. And the therapist is part of the team. Where did</p> <p>22 the therapist conduct their work?</p> <p>23 A. Frequently, they will consult with the teacher and</p> <p>24 the counselor. We use what's call an ecological approach.</p> <p>25 So a lot of the interventions are implemented by the teacher</p>

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<p style="text-align: right;">Page 14</p> <p>1 and the counselor in the most natural environment, which</p> <p>2 would be the classroom. Occasionally the therapist will do</p> <p>3 individual therapy with the child.</p> <p>4 Q. When you say "occasionally", are you -- is it more</p> <p>5 or less than 10 hours a week?</p> <p>6 A. Of the therapist's job?</p> <p>7 Q. Yes.</p> <p>8 A. Less.</p> <p>9 Q. Less. Would it be more or less than five hours a</p> <p>10 week?</p> <p>11 A. It would be probably about five hours.</p> <p>12 Q. Five hours a week. And those therapy sessions</p> <p>13 would take place in the therapist's office?</p> <p>14 A. Right.</p> <p>15 Q. Okay. Now, does each student get five hours a</p> <p>16 week, or is it --</p> <p>17 A. No. That would be split between their caseload.</p> <p>18 Q. Oh. So a therapist would give five hours of</p> <p>19 individual therapy a week among the --</p> <p>20 A. 26 clients.</p> <p>21 Q. -- 26 clients. Okay. And what is the -- the</p> <p>22 counselors -- their reporting line is up through the --</p> <p>23 Mr. Dildine? They report to him?</p> <p>24 A. Right.</p> <p>25 Q. And what do they -- what are the counselors'</p>	<p style="text-align: right;">Page 16</p> <p>1 behavior modification program, special education tract, end</p> <p>2 quote. Does that language have any meaning to you?</p> <p>3 A. It does not.</p> <p>4 Q. Okay. Does Sarah Reed offer behavior</p> <p>5 modification -- I guess Mr. Bogardus said that it was a</p> <p>6 teaching modality. Is that what it -- is that the correct</p> <p>7 terminology?</p> <p>8 A. Right. Yes.</p> <p>9 Q. Sarah Reed does offer that.</p> <p>10 A. Yes, we do.</p> <p>11 Q. Is it fair to say that -- do all of the students</p> <p>12 who are in a classroom at Sarah Reed need that teaching</p> <p>13 modality -- method modality?</p> <p>14 A. All of the children participate in it.</p> <p>15 Q. Okay. And tell me what that is.</p> <p>16 A. If you want to look at this exhibit --</p> <p>17 Q. Sure. This would be Exhibit 1?</p> <p>18 A. Right.</p> <p>19 Q. Of your --</p> <p>20 A. The -- on Page 7, the classroom level program.</p> <p>21 Q. Yes.</p> <p>22 A. That is one form of behavior modification.</p> <p>23 Q. Okay.</p> <p>24 A. It's a program-wide incentive program for the</p> <p>25 clients to earn more privileges. Basically a way of</p>
<p style="text-align: right;">Page 15</p> <p>1 responsibilities in the classroom?</p> <p>2 A. They provide social skills training daily, they</p> <p>3 implement incentive programs, they help the kids learn</p> <p>4 coping skills and self-regulation. And they assist with</p> <p>5 activities, educational activities, as well as therapeutic</p> <p>6 activities.</p> <p>7 Q. Do you know if the counselors are -- are they</p> <p>8 certified under Pennsylvania education law as counselors?</p> <p>9 Are they those kind of counselors?</p> <p>10 A. Not necessarily. Generally -- not always, but</p> <p>11 generally they are Bachelor's-level employees.</p> <p>12 Q. Okay. You were here, and I can show you the --</p> <p>13 maybe that's the best way to -- I'll show you the piece of</p> <p>14 paper that I was referring to. There was a -- let's see if</p> <p>15 I can find it. It would be -- I think it's the fifth page</p> <p>16 of this first exhibit. It looks like this (indicating).</p> <p>17 Keep going. It's that one, yeah.</p> <p>18 A. Okay.</p> <p>19 Q. And I know you have probably never seen this</p> <p>20 document, but I just want to ask you about the language in</p> <p>21 it.</p> <p>22 MR. MARNEN: What's the Bates number?</p> <p>23 MR. OLDS: I'm sorry, Jim. It's 445. It's the</p> <p>24 memo from Audrey Pecoraro to Frank Scozzie.</p> <p>25 Q. And it talks about referral to Sarah Reed, quote,</p>	<p style="text-align: right;">Page 17</p> <p>1 monitoring their progress. So all of the children</p> <p>2 participate in this -- this program.</p> <p>3 Q. Okay.</p> <p>4 A. And depending on need, the therapist will develop</p> <p>5 an individualized behavior program for certain students.</p> <p>6 Q. And then are there any other -- I understand</p> <p>7 there's a therapeutic component. But are there any other</p> <p>8 education modalities that are going on in the classroom?</p> <p>9 A. Such as direct instruction?</p> <p>10 Q. Well, I guess. Is there direct instruction?</p> <p>11 A. Yes.</p> <p>12 Q. What other modalities are going on in the</p> <p>13 classroom, besides direct instruction and the behavior</p> <p>14 modification?</p> <p>15 A. Social skills training. Group therapy. And that</p> <p>16 can be regarding a variety of topics.</p> <p>17 Q. Like for -- give me some examples, maybe.</p> <p>18 A. Peer relationships, coping with stress,</p> <p>19 managing -- identifying and managing emotions. Those are</p> <p>20 three off the top of my head.</p> <p>21 Q. Is it fair to say that the children in the</p> <p>22 educational program exhibited some kind of -- must have</p> <p>23 exhibited some kind of behavior problems at their referring</p> <p>24 schools? I'm not saying must have. I'm saying that's why</p> <p>25 they are at Sarah Reed, because they exhibited some kind of</p>



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<p style="text-align: right;">Page 18</p> <p>1 behavioral problems at their referring schools.</p> <p>2 A. We have children who have acted out behaviorally,</p> <p>3 meaning they have come to someone's attention due to an</p> <p>4 aggressive act. And we also have children who are</p> <p>5 withdrawn, which has also caused someone in their life to be</p> <p>6 concerned.</p> <p>7 Q. Okay.</p> <p>8 A. The children who are more withdrawn are what we</p> <p>9 would call internalizing.</p> <p>10 Q. Um-hum.</p> <p>11 A. Wouldn't necessarily be a behavior problem in</p> <p>12 school.</p> <p>13 Q. Okay. Are those children placed in this classroom</p> <p>14 program that's described beginning at Page 7 of Exhibit 1?</p> <p>15 A. Yes.</p> <p>16 Q. And in terms of those children, what kinds of</p> <p>17 behaviors are taught to those children?</p> <p>18 A. Identifying feelings, expressing feelings</p> <p>19 verbally, initiating positive interactions with peers,</p> <p>20 ignoring negative -- what we call negative leads of peers.</p> <p>21 Q. What does that mean, "negative leads"?</p> <p>22 A. Children who would engage in non-pro-social</p> <p>23 behaviors, a lot of the times the kids will copy them or go</p> <p>24 along with them. Especially the children who are more</p> <p>25 internalizing tend to be more into that. They will go along</p>	<p style="text-align: right;">Page 20</p> <p>1 in Sarah Reed as a result of behavioral problems is one who</p> <p>2 couldn't adjust to the typical classroom situation or the</p> <p>3 regular classroom situation?</p> <p>4 A. That's right.</p> <p>5 Q. And they couldn't adjust because they would either</p> <p>6 be too disruptive or too aggressive for the regular</p> <p>7 classroom --</p> <p>8 A. Correct.</p> <p>9 Q. -- situation?</p> <p>10 A. Yes.</p> <p>11 Q. And then the -- of the two classes of children</p> <p>12 that you have identified, children with behavioral problems</p> <p>13 and children who have problems with internalizing, can you</p> <p>14 give me like a percentage breakdown of how many of the one</p> <p>15 and how many of the other are in attendance, like in any</p> <p>16 given year.</p> <p>17 A. Um-hum. Generally, with the younger children,</p> <p>18 they are children with behavioral problems. It's a greater</p> <p>19 percentage. And as the children get older, it becomes more</p> <p>20 of an even percentage.</p> <p>21 Q. And the seventh grade level, do you consider that</p> <p>22 younger or older?</p> <p>23 A. That's more our older clientele.</p> <p>24 Q. So seventh grade, it might be 50 percent would be</p> <p>25 children who are internalizing in one way or another, and --</p>
<p style="text-align: right;">Page 19</p> <p>1 with one of the leaders of the group.</p> <p>2 Q. So then do they all of a sudden have a behavior</p> <p>3 problem when they do that?</p> <p>4 A. Right.</p> <p>5 Q. Okay. And I -- what else? We were at ignoring</p> <p>6 negative leads. You were listing the types of --</p> <p>7 A. Right. The overall goal for any of the kids is to</p> <p>8 increase self-efficacy, based on their developmental level.</p> <p>9 Q. Self-efficacy?</p> <p>10 A. Yes.</p> <p>11 Q. What does that mean?</p> <p>12 A. So depending on how old the child is, we help them</p> <p>13 reach a level of independence that is appropriate for their</p> <p>14 age, and self-regulation.</p> <p>15 Q. So independence and self-regulation?</p> <p>16 A. Um-hum.</p> <p>17 Q. Is that sort of the fundamental goal?</p> <p>18 A. Correct.</p> <p>19 Q. Now, the children who have had behavioral</p> <p>20 problems -- not the children who are internalizing, but the</p> <p>21 children who have had behavior problems, have these</p> <p>22 typically been -- are they defiant or aggressive? Is that</p> <p>23 the kind of behavior problems that we're talking about?</p> <p>24 A. Yes.</p> <p>25 Q. Typically, would it be fair to say that a student</p>	<p style="text-align: right;">Page 21</p> <p>1 A. Right. I'd say maybe 60 who are externalizing,</p> <p>2 acting out behaviorally; 40 internalizing. But that's just</p> <p>3 a guess, based on the adolescent program.</p> <p>4 Q. Okay. And children who internalize, what kind of</p> <p>5 behavior do you typically associate with that problem?</p> <p>6 A. Symptoms of anxiety or depression, excessive</p> <p>7 worrying, suicidal thoughts, suicidal gestures, non-suicidal</p> <p>8 attempts to harm self, isolation, negative self-talk,</p> <p>9 inability to complete tasks.</p> <p>10 Q. Anything else?</p> <p>11 A. That's a pretty good --</p> <p>12 Q. Okay. What kind of history do you expect to see</p> <p>13 relative to receiving these students at Sarah Reed?</p> <p>14 A. For most students, there's generally a history of</p> <p>15 trauma.</p> <p>16 Q. And when you say "history of trauma", what do you</p> <p>17 mean?</p> <p>18 A. Some type of abuse; physical, sexual, or</p> <p>19 emotional. Or neglect. Frequently there have been what we</p> <p>20 call disrupted attachments. That can result from either</p> <p>21 parents leaving or children being separated from parents or</p> <p>22 families experiencing frequent moves.</p> <p>23 Q. And what kinds of experience, educational</p> <p>24 experience do you generally see for these students who are</p> <p>25 internalizing problems?</p>

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<p style="text-align: right;">Page 22</p> <p>1 A. Right. All of the children receive the same 2 instruction -- 3 Q. No, I wasn't -- I was talking about their 4 educational background before they come to Sarah Reed. 5 A. Oh. 6 Q. I mean, what kind of problems would you anticipate 7 that they would manifest in the classrooms or in the 8 schools? 9 A. Again, not completing tasks, difficulty with peer 10 relationships, possibly being behind achievementwise, if 11 they have had to move frequently, frequent absenteeism. 12 Sometimes just outright refusal to do work, which can be 13 seen as defiance. Anxiety about going to school, severe 14 anxiety about going to school. 15 Q. Then these problems that a teacher or a 16 professional might observe, they would -- the consequence 17 or, I guess, the -- the problem would be that the children 18 wouldn't be doing well at school? Is that right? 19 A. That -- right. That could be that they are not 20 doing well. 21 Q. What other problems might you expect to see at the 22 referring school district that the students might be 23 encountering? 24 A. I guess we would have to define what "not doing 25 well" is. Because we do have children who do well. They</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. That program, it says, quote, "Comprehensive 2 mental health services are designed to promote structure and 3 individualized treatment for children and youth who have not 4 responded to traditional outpatient therapy or who are 5 transitioning from a more restrictive mental health 6 setting," end quote. Now, is that -- you can look at that, 7 if you want. 8 A. Um-hum. 9 Q. Is that the -- when we talk about the educational 10 component -- I mean, the therapeutic component to the 11 alternative education, is that the -- the nature of the -- 12 is that why the therapeutic component is -- well, strike 13 that. 14 In terms of a student getting into the alternative 15 education program -- 16 A. Um-hum. 17 Q. -- do you typically expect to see that there has 18 been a failure of outpatient services in their home school 19 setting? 20 A. Not necessarily. 21 Q. Okay. And tell me why that statement that I made 22 isn't true. 23 A. Right. The relationship that we have with the 24 school districts is one in which if they have a concern, 25 they will make a referral to our alternative education</p>
<p style="text-align: right;">Page 23</p> <p>1 meet their grades, they complete tasks. But their peer 2 relationships are not healthy or are -- or they are very 3 isolated. Teachers are frequently concerned with children 4 who engage or verbalize something about self-harm. School 5 districts tend to have -- and not just with Erie, but any 6 school district tends to have difficulty with children who 7 are isolating themselves. You know, they are not really 8 sure how to diagnose those types of -- 9 Q. Okay. So then would you -- a student with those 10 kinds of -- with -- it's probably the wrong word -- 11 diagnosis, but that's probably -- maybe symptomatology -- 12 A. Symptoms. 13 Q. Symptoms. Students with those symptoms, would you 14 expect before those -- the student is referred to Sarah 15 Reed, that they would have a -- there would be a history of 16 those symptoms being exhibited over a period of time? 17 A. Generally, yes. 18 Q. Okay. I notice that in another brochure -- this 19 is called Overview of Services -- that you had provided to 20 us -- 21 MR. OLDS: It's this one, Jim (indicating). 22 Q. I'm just going to read a statement here and ask 23 you if -- maybe what the statement means. This is under the 24 partial hospitalization program. 25 A. Okay.</p>	<p style="text-align: right;">Page 25</p> <p>1 program. That's their stream, I guess I would say. 2 Q. So that's their call, in other words? 3 A. Right. That's their -- it's their language, it's 4 their -- it's their call. Whether they receive partial 5 hospitalization services or outpatient services or no formal 6 clinical services, that is our call. 7 Q. So the students refer the -- excuse me. The 8 school district refers the student to the alternative 9 education program. 10 A. Right. 11 Q. And then you make the decision what therapeutic 12 services are being -- going to be provided to the student. 13 A. That's right. 14 Q. And relative to the Erie School District, how many 15 referrals does the Erie School District make to Sarah Reed's 16 alternative education program on an annual basis? 17 A. I'd guess at maybe a hundred. 18 Q. Okay. Is it anticipated that when a student is 19 referred to Sarah Reed, that there will be a long -- the 20 student will be in attendance at Sarah Reed for a long 21 period of time? 22 A. Our average length of stay is nine months. 23 Q. Nine months. 24 A. We have children who have stayed significantly 25 longer and children who are there for less than 45 days.</p>

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<p style="text-align: right;">Page 26</p> <p>1 Q. Generally, can you categorize the types of 2 students that the Erie School District refers to Sarah Reed. 3 A. It runs the entire gamut, from children who have 4 acted out one time aggressively, who have no previous 5 history, to children who have multiple diagnoses and have 6 long histories of mental health services. 7 Q. And generally is there a -- would you say that 8 there's a mental health component to every referral? 9 A. Our goal is to determine that. So that the school 10 district will make the referral, and during the initial -- 11 let's say phase will treatment, we would try to -- we need 12 to know that up front, that there is a mental health 13 component to it, or we would try to assess that. 14 Q. So when the Erie School District made the referral 15 in this case, and it was -- apparently as described by 16 Mr. Bogardus, it was an oral referral, and he took it to the 17 admissions committee, is it -- was it enough for Sarah Reed 18 that Erie -- if you know, that the School District was 19 making the referral so that Sarah Reed, just based upon that 20 referral, would accept the students? 21 A. If the parents were in agreement. 22 Q. So to put it conversely, Sarah Reed wouldn't turn 23 down a referral from the Erie School District based upon 24 its -- assuming that there was parental consent, based upon 25 its own evaluation of the student's need, you would accept</p>	<p style="text-align: right;">Page 28</p> <p>1 every 20 days following that, the treatment team will 2 convene and review any symptoms that may be coming up, 3 history, as well as progress, and revise the treatment plan 4 on an ongoing basis. 5 Our therapeutic process generally is -- during the 6 first stage, within the first month or so, is just building 7 rapport, gathering information, designing an individualized 8 treatment plan. From there, they will work on any 9 self-regulatory skills that may need to be developed; coping 10 skills, peer relationships. And then the final stage is 11 transitioning back to a public school. 12 Q. Okay. 13 (Discussion held off the record.) 14 MR. OLDS: Let me take a break here of a couple 15 minutes, and I'll be right back. 16 (Recess held from 12:38 p.m. till 12:42 p.m.) 17 A. Can I clarify one thing? 18 Q. Sure, yes. 19 A. You had asked if we generally accept referrals for 20 alternative ed. We do turn referrals down. I don't think 21 we would have in the case of K [REDACTED] and R [REDACTED] because we 22 had such limited information. But depending on the 23 information that we get, we do make determinations that our 24 program won't be beneficial. 25 Q. So the more information you have, the more able</p>
<p style="text-align: right;">Page 27</p> <p>1 the student and do the evaluation after the student came. 2 A. Right. Unless we had previous history. You know, 3 if we knew there was a reason that our program wasn't -- 4 wouldn't be beneficial. 5 Q. Okay. Is there any problem with putting the 6 students who have aggressive behavioral tendencies with 7 students who are internalizing? 8 A. Yes. 9 Q. Does that present issues? 10 A. It does. 11 Q. Tell me, describe what those issues are. 12 A. Children who have symptoms of severe anxiety can 13 sometimes have heightened symptoms with children who are 14 aggressive inside their own classroom. 15 Q. And how do you deal with that at Sarah Reed? 16 A. We try to work with both -- both populations. If 17 a child is, you know -- presents significantly worse 18 symptoms, we'll try to move them to another classroom. 19 Q. Okay. Then how -- describe for me the evaluation 20 process that Sarah Reed follows when a student is referred 21 to it. 22 A. Generally, within the first month or so -- well, 23 within the first five days, a psychiatrist will review the 24 case or what we know about the client. And the therapist 25 will write an initial preliminary treatment plan. Then</p>	<p style="text-align: right;">Page 29</p> <p>1 you are to evaluate whether the referral is appropriate or 2 not. 3 A. Correct. 4 Q. So in a situation where you get a telephone call 5 saying we want to refer two kids to your program, they have 6 been -- they are being harassed and they have been victims 7 of a sexual assault, you will accept those students, because 8 that's the only information you have. 9 A. Right. 10 Q. Okay. And you're relying -- at that level, you're 11 relying on the school district to make the decision that 12 it's appropriate for these students to be placed in the 13 educational program at Sarah Reed, as well as perhaps get 14 the therapeutic programs that Sarah Reed offers. 15 A. Because of our relationship, they know our -- the 16 therapeutic pieces that we offer at this point in time. But 17 they really just rely on us to make that -- that 18 determination. 19 Q. They rely on you as to what therapy will be 20 offered, but they could make a referral to you for 21 outpatient therapy, right? 22 A. No. 23 Q. Oh, they could not. 24 A. No. 25 Q. And why is that?</p>



<p style="text-align: right;">Page 30</p> <p>1 A. The way the referral sources are set up for 2 outpatient services, you have to go through -- especially if 3 it is County funding, you have to go through the -- what's 4 called the Base Service Unit. Or the parents make the 5 referral. 6 What the school could do is make an alternative 7 education referral to us, and if we felt that outpatient 8 services were the level of care, then we would talk with the 9 family about doing that. 10 Q. Okay. So if you had enough information -- say -- 11 say the School District sent over an educational file; 12 IEP's, evaluations, classroom -- observations of classroom 13 behavior, your admissions committee could take a look at 14 that and say, well, we think that this student might very 15 well need therapeutic help, but it doesn't need to be in our 16 alternative education program. You could make that 17 decision; is that right? 18 A. Yes. 19 Q. But given the circumstances of this case, you 20 weren't able to do that, because you didn't have any 21 information other than an oral phone call. 22 A. I'm not really sure what information we did have. 23 Q. That's what Mr. Bogardus said. 24 A. Right. 25 Q. It has been four years, and maybe there was</p>	<p style="text-align: right;">Page 32</p> <p>1 if I was there for this particular one. 2 Q. And then are all students -- as we look at the 3 educational program that is offered by Sarah Reed, which is 4 described at Page 7 of the -- of Exhibit 1, when -- I guess 5 the orientation level lasts for at least one week or a 6 maximum of two weeks. And when the student is in 7 orientation, what is the student doing on a daily basis? 8 A. They will be participating in whatever classroom 9 activities are occurring. Some of the special activities 10 they may be participating in. It's generally a time where 11 the teacher and counselor get to know the student, and they 12 get to know what the rules are, what the expectations are, 13 what the schedule is. 14 Q. Okay. 15 A. What the level system is about. 16 Q. Right. Then there are -- are there four levels or 17 three levels? Because I see there's an off level too. 18 A. Right. So there's actually four. 19 Q. Okay. Let's just go through the levels quickly. 20 Level one, are all students who come -- are all of them -- 21 do they all start off at level one? 22 A. Right. They start off at orientation and work up 23 to level one, two, three, and four. 24 Q. So, for instance, a student such as Rachel would 25 go through level one after orientation.</p>
<p style="text-align: right;">Page 31</p> <p>1 additional information, but that was his recollection today. 2 A. Right. 3 Q. So in his description of -- let's go back to 4 Exhibit 1 here real quick, if I can find it. Only one 5 exhibit, and I have lost it. His description of the 6 educational program offered -- the day program, educational 7 program offered by Sarah Reed is called an alternative 8 education program. Is that right? 9 A. Right. 10 Q. And then as part of that alternative education 11 program, the educational needs of the student are met, as 12 well as whatever therapeutic needs or hospital -- 13 therapeutic needs of the students are met. Is that right? 14 A. No. Under the alternative education piece of it, 15 it's only their education needs are met. 16 Q. And then after they are there in the alternative 17 education program, Sarah Reed makes a determination of what, 18 if any, therapeutic needs the children have. 19 A. Right. Generally we'll do that before they enter 20 the program, but sometimes they will come in, and we will 21 assess them and make that determination. 22 Q. And did you participate personally in the 23 admission of these two girls to Sarah Reed? Did you have 24 anything to do with them? 25 A. I generally sit on that committee. I'm not sure</p>	<p style="text-align: right;">Page 33</p> <p>1 A. That's right. 2 Q. Do you ever determine that like students don't 3 need that kind of constant supervision and don't -- after 4 orientation, don't need to go to level one? 5 A. No. We have them all go through the levels in 6 sequence. 7 Q. Okay. And level one, it says, "Students continue 8 to require constant supervision within the program and must 9 be in staff sight at all times. They are eligible to 10 participate in off-grounds activity such as field trips. 11 They are expected to abide by all classroom rules and 12 maintain appropriate behavior both on and off grounds." 13 Is that level -- is that classification directed 14 principally at the students who are aggressive, or is that 15 both internalizing students and externalizing students? 16 A. Both. 17 Q. And how does an internalizing student go from 18 level one to level two? 19 A. If they are completing their assignments, 20 following the expectations of the -- the rules and the 21 structure of the program, and if they are participating 22 in -- they will probably have a personal goal of positive 23 peer interactions once per day or something like that. And 24 if they are able to demonstrate those on a sufficient 25 basis -- I believe it's 80 percent of the time -- then they</p>

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<p style="text-align: right;">Page 34</p> <p>1 will move up to level two.</p> <p>2 Q. So you would expect a student who has an</p> <p>3 internalizing problem to have at least one positive</p> <p>4 interaction with another student on a day -- per day?</p> <p>5 A. That could be. What the team has decided.</p> <p>6 Q. Or might it be more positive interactions?</p> <p>7 A. It may be more.</p> <p>8 Q. And the team -- the team would decide that at the</p> <p>9 end of the orientation period?</p> <p>10 A. Yes. Within the first five days they will come up</p> <p>11 with -- at least an initial treatment plan.</p> <p>12 Q. Okay. And then what is the difference between a</p> <p>13 level one and level two student?</p> <p>14 A. They earn -- we have what's called a bank -- we</p> <p>15 didn't back in 2002, but we have now what's called a bank.</p> <p>16 So they earn, you know, better things; more enticing items</p> <p>17 out of the bank. They have a little bit more privilege.</p> <p>18 For instance, the counselors or the teacher may</p> <p>19 have them be the first in line or be the first one to go</p> <p>20 choose something before the level one's. They don't</p> <p>21 necessarily -- I don't believe they necessarily have to be</p> <p>22 in staff sight at all times. Depending on their age.</p> <p>23 Q. You say you have a bank now. Was there a similar</p> <p>24 program in 2002?</p> <p>25 A. Yes, this was the same program. We have just</p>	<p style="text-align: right;">Page 36</p> <p>1 opportunities to engage in independent activity.</p> <p>2 Independent time may be spent in academic or recreational</p> <p>3 areas of the program, as approved by the program staff."</p> <p>4 Okay. So -- and that's the criteria for becoming</p> <p>5 a level three student?</p> <p>6 A. Right. It's generally time. You know, the more</p> <p>7 time that they are able to demonstrate appropriate</p> <p>8 behaviors, the higher the level.</p> <p>9 Q. Then what does off level mean?</p> <p>10 A. Off level would be what we consider level four at</p> <p>11 this point in time. They are able to, depending on their</p> <p>12 age, go to various areas of the building independently, play</p> <p>13 in the gym independently during free time. They are also</p> <p>14 expected to be more of mentors or role models for some of</p> <p>15 the newer or younger kids.</p> <p>16 Q. Okay. Do you think that -- Sarah Reed, the</p> <p>17 program it offers, it's not a program that's meant for all</p> <p>18 kids, is it?</p> <p>19 A. No.</p> <p>20 Q. What kind of kids is it meant for?</p> <p>21 A. We have a lot of success with children who have,</p> <p>22 you know, difficulty identifying emotions and managing those</p> <p>23 emotions on a daily basis. Kids who have experienced</p> <p>24 trauma, kids with anxiety and depression. Some kids who</p> <p>25 lack motivation, we're able to engage them into positive</p>
<p style="text-align: right;">Page 35</p> <p>1 added additional incentives, because we found,</p> <p>2 interestingly, that not all of the levels -- there weren't</p> <p>3 sufficient incentives to go from level one to level two or</p> <p>4 level two to level three, because it didn't really -- didn't</p> <p>5 have that big of a difference for some of the kids.</p> <p>6 Q. Okay.</p> <p>7 A. So we have continually tried to update it.</p> <p>8 Q. Okay. And level two requires that students --</p> <p>9 students get to level two because they have to demonstrate,</p> <p>10 quote, a consistent level of self-control and responsible</p> <p>11 behavior? Is that how they get to level two?</p> <p>12 A. Right. The philosophy -- just an easy capture, we</p> <p>13 have the kids focus on the three R's, which would be</p> <p>14 relationships, responsibilities, and respect. And generally</p> <p>15 their goals fall under one of those categories.</p> <p>16 Q. And what kinds of behavior do those categories</p> <p>17 describe?</p> <p>18 A. For instance, relationships would be, will</p> <p>19 initiate one positive interaction per day with peers.</p> <p>20 Respect would be, will follow staff directions with one or</p> <p>21 two prompts. Responsibility, will complete assignments</p> <p>22 daily. Those are just examples of each one.</p> <p>23 Q. And then a student can graduate to level three.</p> <p>24 Level three is, "Students who demonstrate responsible</p> <p>25 behavior and decision making are given more frequent</p>	<p style="text-align: right;">Page 37</p> <p>1 activities. The kids that I think do best in our program</p> <p>2 feel safe there, feel like they are successful in that</p> <p>3 program.</p> <p>4 Q. Could it be the wrong program for some kids?</p> <p>5 A. Yes.</p> <p>6 Q. What kind of kids might it be the wrong program</p> <p>7 for?</p> <p>8 A. Kids that don't do well in our program are kids</p> <p>9 who are engaged in primarily delinquent behaviors that have</p> <p>10 little remorse or interest in pleasing adults, as well as</p> <p>11 children who experience severe anxiety reactions. Sometimes</p> <p>12 we can make things worse.</p> <p>13 Q. Oppositional defiant disorder, are you familiar</p> <p>14 with that --</p> <p>15 A. Yes.</p> <p>16 Q. -- term? What does that describe?</p> <p>17 A. That describes symptoms that -- or behaviors that</p> <p>18 children exhibit for a variety of reasons.</p> <p>19 Q. And what kind of symptoms are they?</p> <p>20 A. Refusing to comply with directions. You know,</p> <p>21 leaving areas. Pretty much just saying no to any type of</p> <p>22 request.</p> <p>23 Q. So children having that diagnosis, those are the</p> <p>24 type of children that aren't interested in pleasing adults?</p> <p>25 A. No, actually they frequently are.</p>

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<p style="text-align: right;">Page 38</p> <p>1 Q. Are they?</p> <p>2 A. Yes. They just have a difficult time, you know,</p> <p>3 establishing those relationships and that trust. Most of</p> <p>4 our kids, I would think -- I'm not sure if it's over half,</p> <p>5 but it's close to at least half -- have oppositional defiant</p> <p>6 disorder as a diagnosis, yet they still are successful in</p> <p>7 our program.</p> <p>8 Q. Okay.</p> <p>9 (Discussion held off the record.)</p> <p>10 MR. OLDS: We're going to reconvene this</p> <p>11 deposition after we get these records.</p> <p>12 MS. SAVASTANA: Correct.</p> <p>13 MR. OLDS: Probably the first week in June. I</p> <p>14 appreciate your coming over. Thank you very much.</p> <p>15 I appreciate your time as well.</p> <p>16 MR. MARNEN: May I follow up just a little bit</p> <p>17 here with a couple questions?</p> <p>18 MR. OLDS: Yes.</p> <p>19</p> <p>20 CROSS-EXAMINATION</p> <p>21 BY MR. MARNEN:</p> <p>22</p> <p>23 Q. As I understand it, sometimes you take the</p> <p>24 referring agency's reasons for referral at face value, and</p> <p>25 sometimes you do not.</p>	<p style="text-align: right;">Page 40</p> <p>1 they knew that this wasn't going to be the right program for</p> <p>2 her. Others, it will take months, because we want to work</p> <p>3 with the child and we want to work with the parent, but we</p> <p>4 keep running into obstacles.</p> <p>5 Q. Do you know today, can you remember today, without</p> <p>6 the looking at records, whether there was a determination</p> <p>7 about the appropriateness of the referrals here with respect</p> <p>8 to Kristina and Rachel? Or would you rather look at</p> <p>9 records?</p> <p>10 A. I would rather look at records.</p> <p>11 Q. Okay, fair enough.</p> <p>12 A. I would be guessing.</p> <p>13 Q. If Sarah Reed does determine that the referral is</p> <p>14 appropriate after they conduct their own analysis, and if</p> <p>15 hypothetically thereafter the family decided that they do</p> <p>16 not want the child at Sarah Reed anymore, what happens?</p> <p>17 A. We would then coordinate with the family and</p> <p>18 school district to find some alternative that was agreeable</p> <p>19 to all.</p> <p>20 Q. But if the family -- if the parents decided that</p> <p>21 the child did not belong at Sarah Reed, would that be the</p> <p>22 end of the story with respect to the Sarah Reed referral?</p> <p>23 A. Yes. We have had parents who pull their children</p> <p>24 out, and that's the end of our involvement at that point.</p> <p>25 Q. Thank you.</p>
<p style="text-align: right;">Page 39</p> <p>1 A. That's correct.</p> <p>2 Q. Is that a timing issue?</p> <p>3 A. (No response.)</p> <p>4 Q. Whether you have the opportunity to do it?</p> <p>5 A. Whether we have the opportunity and whether the</p> <p>6 referring entity actually has access to history. Sometimes</p> <p>7 they don't. Frequently they don't.</p> <p>8 Q. And if the basis for referral, as expressed by the</p> <p>9 referral agency, indicates to you that the referral is</p> <p>10 inappropriate, would you accept the referral?</p> <p>11 A. That it is not appropriate?</p> <p>12 Q. Yes.</p> <p>13 A. Yes. No, we would not accept it.</p> <p>14 Q. So when you take it at face value, that means you</p> <p>15 analyze the content and don't go beyond it.</p> <p>16 A. Right.</p> <p>17 Q. But then thereafter, even if you take that at face</p> <p>18 value, you conduct your own independent analysis.</p> <p>19 A. Yes.</p> <p>20 Q. And determine whether you think the referral --</p> <p>21 not only what treatment is appropriate, but whether the</p> <p>22 referral is appropriate.</p> <p>23 A. That's right.</p> <p>24 Q. And how long does that process take?</p> <p>25 A. I recall one little girl that it took a day, and</p>	<p style="text-align: right;">Page 41</p> <p>1 A. Except to do aftercare to try to help them.</p> <p>2 Q. Right.</p> <p>3 MR. MARNEN: Okay, that's all I have right now.</p> <p>4 Thank you.</p> <p>5 THE WITNESS: One thing that I would want</p> <p>6 clarification on also is that I know that R [REDACTED]</p> <p>7 and K [REDACTED] are friends, but if we do go over the</p> <p>8 records, if we could have it private.</p> <p>9 (Discussion held off the record.)</p> <p>10</p> <p>11 (Deposition adjourned at 1:03 p.m.)</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE WESTERN DISTRICT OF PENNSYLVANIA

3   RICHARD P., by and for                   : No. 03-390 Erie  
4   RACHEL P., and DENISE L., by       :  
5   and for KRISTINA L.,               :  
6                   Plaintiffs               :

7                   v.                       :  
8                                       :  
9                                       :

10                  SCHOOL DISTRICT OF THE CITY       :  
11                  OF ERIE, et al.,               :  
12                                  Defendants               :  
13  
14  
15  
16  
17

18                   Deposition of ROBERT IDDINGS, taken before  
19                   and by Janis L. Ferguson, Notary Public in and for  
20                   the Commonwealth of Pennsylvania, on Thursday,  
21                   June 23, 2005, commencing at 11:10 a.m., at the  
22                   offices of Knox McLaughlin Gornall & Sennett, PC,  
23                   120 West 10th Street, Erie, Pennsylvania 16501.

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                  Ferguson & Holdnack Reporting, Inc.



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<p>1 INDEX</p> <p>2</p> <p>3 TESTIMONY OF ROBERT IDDINGS</p> <p>4 Direct examination by Mr. Olds . . . . . 3</p> <p>5 Cross-examination by Mr. Marnen . . . . . 36</p> <p>6 Redirect examination by Mr. Olds . . . . . 39</p> <p>7 Recross-examination by Mr. Marnen . . . . . 41</p> <p>8 Further redirect examination by Mr. Olds . . . 42</p> <p>9 Further recross-examination by Mr. Marnen . . . 59</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 Q. And so each child would have one or as many</p> <p>2 binders as it took to maintain all of their records.</p> <p>3 A. Correct.</p> <p>4 Q. Okay. So I wanted to just ask you some specific</p> <p>5 questions about these records that have now been produced.</p> <p>6 I would like to start with K[REDACTED]. And do you have</p> <p>7 Kristina open?</p> <p>8 A. Um-hum.</p> <p>9 Q. I'd like you to go to 200290.</p> <p>10 A. Okay.</p> <p>11 Q. Are you there? And that would be the Discharge</p> <p>12 Instruction Sheet --</p> <p>13 A. Yes.</p> <p>14 Q. -- concerning K[REDACTED] L[REDACTED]. And I have a couple</p> <p>15 questions about that sheet. I notice that in -- at the top</p> <p>16 of the sheet, it's marked that she was in the alt. ed.</p> <p>17 program.</p> <p>18 A. Correct.</p> <p>19 Q. And there appears to be five programs listed at</p> <p>20 the top of the sheet. OP, what program does that describe?</p> <p>21 A. Outpatient.</p> <p>22 Q. Alt. ed. Then there is a block for preschool,</p> <p>23 then there's a block for adolescent.</p> <p>24 A. Correct.</p> <p>25 Q. What program does the adolescent describe?</p>
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<p>1 ROBERT IDDINGS, first having</p> <p>2 been duly sworn, testified as follows:</p> <p>3</p> <p>4 DIRECT EXAMINATION</p> <p>5 BY MR. OLDS:</p> <p>6</p> <p>7 Q. Mr. Iddings, we have had the records reproduced</p> <p>8 from my clients, K[REDACTED] L[REDACTED] and R[REDACTED] P[REDACTED]. I guess</p> <p>9 I have a couple questions about the records themselves.</p> <p>10 Do you know how the -- the process by which they</p> <p>11 were reproduced?</p> <p>12 A. To a limited extent.</p> <p>13 Q. Tell me what you know.</p> <p>14 A. That when a request for documents is received, our</p> <p>15 medical records department forwards that to a corporation</p> <p>16 called Smart Corp., who we subcontract with, who then</p> <p>17 reproduces the records in some form and sends them out.</p> <p>18 Q. Okay.</p> <p>19 A. But I'm not sure how that actually occurs. I</p> <p>20 think they send them down to their corporate headquarters,</p> <p>21 and then they send them out.</p> <p>22 Q. The records that you have at Sarah Reed, are they</p> <p>23 in a -- describe how they are kept at Sarah Reed.</p> <p>24 A. In a folder -- or in a binder similar to this</p> <p>25 (indicating), in a locked storage cabinet in a locked room.</p>	<p>1 A. Children 14 and over.</p> <p>2 Q. Is that the partial hospitalization program?</p> <p>3 A. Actually, the alt. ed. preschool, adolescent, and</p> <p>4 after school are all partial, considered partial.</p> <p>5 Q. Okay. And let's see. I noticed that -- let me</p> <p>6 just jump ahead a little bit before I ask you other</p> <p>7 questions about that. Going to Document 309 -- we'll come</p> <p>8 back to 290, but going to 309 for a second, this is called a</p> <p>9 Narrative Addendum.</p> <p>10 A. Yes.</p> <p>11 Q. And then Document 310 is an intake narrative.</p> <p>12 Right?</p> <p>13 A. Right.</p> <p>14 Q. Do you know, can you tell me, looking at the</p> <p>15 documents, whether this narrative addendum is an addendum</p> <p>16 to -- which is 309 -- is an addendum to the intake narrative</p> <p>17 at 310?</p> <p>18 A. Most likely it would be.</p> <p>19 Q. Okay. Now, the intake narrative at 310 indicates</p> <p>20 that K[REDACTED] was seen at Sarah Reed's Children's Center in</p> <p>21 1995.</p> <p>22 A. Right.</p> <p>23 Q. So she had had an earlier -- your agency had an</p> <p>24 earlier involvement with her. Is that right?</p> <p>25 A. That's right.</p>

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<p style="text-align: right;">Page 6</p> <p>1 Q. And so if there is a situation where there is a 2 second contact with the student, the narrative -- the 3 intake -- there wouldn't be a new intake narrative. It 4 would just be an addendum to the original intake. 5 A. Correct. Correct. 6 Q. And so the -- this narrative addendum is -- can 7 you tell me the circumstances -- how it's prepared and why 8 it's prepared. 9 A. Matt Bogardus is our intake supervisor. He 10 interviews the child and parent upon intake and creates the 11 document. 12 Q. Okay. And the purpose of -- why does he create a 13 document narrative? 14 A. It is our initial information to the treatment 15 teams. 16 Q. Okay. I notice that the initial -- the document 17 at 310, the intake narrative, was -- had a family history, a 18 history of psychiatric and psychological behavior disorders. 19 There is no history to this narrative addendum. Is that 20 because, as we discussed last time, the way in which these 21 children came to Sarah Reed the second time? 22 A. Let me see if it's -- generally, it's -- at the 23 end of the first paragraph on 309. 24 Q. Yes. 25 A. "Please refer to previous intakes for historical</p>	<p style="text-align: right;">Page 8</p> <p>1 third child, right? 2 A. Right. 3 Q. Okay. And then referral concerns, this would be 4 Mr. Bogardus advising -- making note of why the -- Kristina 5 was referred. Is that right? 6 A. Right. 7 Q. Okay. And so going to Document 332, is this a -- 8 I see your letterhead at the top or your insignia at the 9 top. Tell me what just this page is, 332. 10 A. This -- it's a proposed service plan that we 11 submit to the Base Service Unit. 12 Q. Okay. So 332 is submitted with what else? I 13 mean, it's -- when you submitted 332 to the Base Service 14 Unit, what other information went, do you know? 15 A. I'm not sure. 16 Q. What information would typically go? 17 A. I'm not sure. That's more of a billing issue. 18 Q. Okay. So this was a -- this information -- 19 something was submitted to the Base Service Unit to make 20 sure that the services -- some services would be provided -- 21 A. Correct. 22 Q. -- is that right? Okay. And it refers to an 23 initial report, but you don't know what the initial -- what 24 initial report -- I see that "initial report" is checked on 25 this form.</p>
<p style="text-align: right;">Page 7</p> <p>1 information." 2 Q. For historical information, okay. 3 A. So that's the standard. If we have done a 4 psychosocial history and it's available, then usually we 5 don't redo it. 6 Q. Okay. So even though there was a seven-year 7 interval between the first intake and this intake, you 8 wouldn't generally do an update on the history? I guess 9 K█████ was five years old when she first came and 12 years 10 old when she comes the second time. 13 years old. There 11 wouldn't be any interest in what had happened to her in 12 those seven or eight years? 13 A. There would be interest. I'm not sure why Matt 14 didn't include that in here. 15 Q. Okay. And this is -- "The referral concerns a 16 referral was made by the Erie School District for the 17 special education tract. It was reported that K█████ was 18 victimized in school by other students and also suffered 19 harassment by her peers," end quote. That was the basis of 20 the referral. And then apparently the School District also 21 reported that the CYS is conducting an investigation of 22 K█████ father for allegations of sexual abuse. 23 And do you know if that -- you probably don't 24 know what that means, right? Whether it's sexual abuse of 25 her or sexual abuse of some other sibling, sexual abuse of a</p>	<p style="text-align: right;">Page 9</p> <p>1 A. Right. I don't know what that would refer to. 2 Q. Okay. Now, we're going to go back to that first 3 sheet again, that Discharge Instruction Sheet. That's 290. 4 What is the purpose of preparing the Discharge Instruction 5 Sheet? 6 A. It is -- it's prepared for the treatment team, as 7 well as the family. 8 Q. And is this prepared at the time of discharge? 9 A. Yes. 10 Q. And I guess what information were you trying to 11 give to the treatment team at the time of discharge? Or why 12 is it prepared -- 13 A. It's pretty much just a summary as to why the 14 child is being discharged. It would go to the 291. 15 Q. Yes. 16 A. The supervisor, who is myself, the psychiatrist, 17 the nurse. And this page is copied and given to the parents 18 for recommendations (indicating). 19 Q. The second page is given. 20 A. Right. 21 Q. And the recommendations at the time of K█████ 22 discharge are, "Will continue with Wrap-Around services via 23 CII." 24 A. Yes. 25 Q. What is CII?</p>

<p style="text-align: right;">Page 10</p> <p>1 A. Community Integration Services.</p> <p>2 Q. Okay. And that's not your agency; is that right?</p> <p>3 A. That's right.</p> <p>4 Q. "And Kristina will be referred for Sarah Reed</p> <p>5 Children's Center through fall of 2002/2003 school year.</p> <p>6 Medication management will be provided by Dr. Wilson."</p> <p>7 A. Yes.</p> <p>8 Q. I misread that. "K[REDACTED] will be referred for</p> <p>9 the SARCC after-school to begin in the summer and continue</p> <p>10 through the fall of the 2002/2003 school year. Medication</p> <p>11 management will be provided by Dr. Wilson."</p> <p>12 A. Right.</p> <p>13 Q. What is that after-school program?</p> <p>14 A. We also run an after-school program. It's just --</p> <p>15 it's a partial hospitalization program. It does not provide</p> <p>16 educational services for the children. So it runs from</p> <p>17 2:30 till 6:30.</p> <p>18 Q. And in general, what happens -- you referred --</p> <p>19 someone referred K[REDACTED] to that program. What was going</p> <p>20 to happen in that program?</p> <p>21 A. She would continue with individual and group</p> <p>22 therapy, social skills in a peer setting; setting with</p> <p>23 same-age peers. And have psychiatric follow-up.</p> <p>24 Q. And the treatment goals that are listed on 290,</p> <p>25 those six treatment goals, are those the treatment goals</p>	<p style="text-align: right;">Page 12</p> <p>1 A. Right. That's the accompanying -- that would be</p> <p>2 the back side, right.</p> <p>3 Q. So, actually, the Master Treatment Plan is a</p> <p>4 double-sided document; the original of it would be a</p> <p>5 double-sided document?</p> <p>6 A. Right.</p> <p>7 Q. And on the back --</p> <p>8 A. And it could be -- it could be longer as well.</p> <p>9 Q. So there might be more contained in the problems</p> <p>10 needed to be addressed or the goals statement.</p> <p>11 A. Um-hum.</p> <p>12 Q. Do you know, looking at the documents in front of</p> <p>13 you, whether Kristina's treatment plan was contained on one</p> <p>14 page? Her initial treatment plan.</p> <p>15 A. It appears so.</p> <p>16 Q. Okay. Now, is there anything in that Master</p> <p>17 Treatment Plan that addresses the reason for her referral,</p> <p>18 which was the sexual assault and the student harassment?</p> <p>19 A. Not for that specific problem.</p> <p>20 Q. Okay.</p> <p>21 A. That may be addressed by her mobile therapy.</p> <p>22 Q. You mention "mobile therapy". What is that?</p> <p>23 A. It's a service for families where the therapist</p> <p>24 goes into the home and works with the family and the child</p> <p>25 in the home.</p>
<p style="text-align: right;">Page 11</p> <p>1 that were developed when K[REDACTED] came in January of 2002,</p> <p>2 or are they the treatment goals that you are recommending</p> <p>3 for the after-school program?</p> <p>4 A. Those would have been the goals that we addressed</p> <p>5 while she was in treatment.</p> <p>6 Q. Okay. Can you tell me which one of those goals</p> <p>7 related to the reason for her referral, which was the --</p> <p>8 that she had been victimized sexually in school by other</p> <p>9 students and had suffered harassments by her peers. Which</p> <p>10 one of those goals addressed the reason for her referral?</p> <p>11 A. I'm not sure if I can answer that. I don't see</p> <p>12 the goals that would address that.</p> <p>13 Q. Okay. Going to the -- going to 333, which is the</p> <p>14 Master Treatment Plan.</p> <p>15 MR. MARNEN: What is the number again?</p> <p>16 MR. OLDS: That would be 333.</p> <p>17 Q. Tell me what a Master Treatment Plan is.</p> <p>18 A. Within the first five days of treatment, the</p> <p>19 therapist develops a treatment plan and submits it to the</p> <p>20 psychiatrist for approval.</p> <p>21 Q. Is the treatment plan generally -- this is one</p> <p>22 page. So is it generally one page?</p> <p>23 A. The initial one frequently is.</p> <p>24 Q. Okay. And then 334, would that be like the back</p> <p>25 side of 333, or is it --</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. Do the mobile therapists visit Sarah Reed</p> <p>2 Children's Center?</p> <p>3 A. Occasionally.</p> <p>4 Q. Do you know whether they did for K[REDACTED]</p> <p>5 A. I don't.</p> <p>6 Q. And when you say "occasionally", what would be the</p> <p>7 occasions of their visit?</p> <p>8 A. It depends on the mobile therapist.</p> <p>9 Q. Okay. I notice that the -- in terms of the Master</p> <p>10 Treatment Plan, there is a column for problems, there's a</p> <p>11 column for the goals or objectives, and then there is a</p> <p>12 problem -- there's a column for methods or interventions of</p> <p>13 what the staff is supposed to do. Is that right?</p> <p>14 A. Right.</p> <p>15 Q. Okay. And so -- and basically the third column</p> <p>16 or -- that's under methods/interventions, frequency, timing,</p> <p>17 responsible staff --</p> <p>18 MR. OLDS: And for the record, I'm still referring</p> <p>19 to 333.</p> <p>20 Q. -- those are the methods or the tools that the</p> <p>21 staff is going to be using to achieve the goals that have</p> <p>22 been set for this child. Is that right?</p> <p>23 A. Right.</p> <p>24 Q. Okay. And the -- the first method here is that,</p> <p>25 "The PHP staff will educate K[REDACTED] to the classroom rules</p>

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<p style="text-align: right;">Page 14</p> <p>1 and expectations during her orientation period." Is that 2 right?</p> <p>3 A. Um-hum.</p> <p>4 Q. And then they will maintain a daily point card 5 that will reflect her day at Sarah Reed Children's Center.</p> <p>6 A. Yes.</p> <p>7 Q. And I think we discussed that the last time, 8 although we now have the cards.</p> <p>9 A. Right.</p> <p>10 Q. But we discussed that process; that children went 11 from one level to the next.</p> <p>12 A. Right.</p> <p>13 Q. And the next one is that, "Sarah Reed will utilize 14 behavior modification techniques on a daily basis, will use 15 praise, positive reinforcement, encouragement, and earned 16 incentives to help K [REDACTED] make positive choices." Is that 17 right?</p> <p>18 A. That's right.</p> <p>19 Q. "Dr. Brunner, the DO, will meet with K [REDACTED] 20 every 20 days for a psychiatric consultation."</p> <p>21 A. Right.</p> <p>22 Q. Did Dr. Brunner meet with kids in the after-school 23 program?</p> <p>24 A. I believe Dr. Carlson was the psychiatrist at the 25 time for that program.</p>	<p style="text-align: right;">Page 16</p> <p>1 A. Right.</p> <p>2 Q. That's Item 1; is that right?</p> <p>3 A. Right. So the initial treatment plan is based on 4 the first five days of observation.</p> <p>5 Q. Okay. And then (a)(2), "K [REDACTED] has difficulty 6 staying on task. She needs to be prompted several times to 7 begin her work or to comply." That's Item 2; is that right?</p> <p>8 A. Right.</p> <p>9 Q. And then the methods of intervention under Column 10 3 of 333 is that, "The PHP staff will use behavior 11 modification techniques on a daily basis, along with praise, 12 prompting, reinforcement, and hurdle help to assist K [REDACTED] 13 staying on task and making good choices." Is that right?</p> <p>14 A. That's right.</p> <p>15 Q. And the staff, in terms of the -- based upon these 16 described methods of intervention, the staff at Sarah Reed 17 wasn't really dealing with the harassment that K [REDACTED] had 18 suffered at school or the sexual assault; is that right?</p> <p>19 A. That's right.</p> <p>20 Q. Okay. Looking through the -- can I see that for 21 just a second.</p> <p>22 A. Um-hum.</p> <p>23 Q. I see that, looking at -- and I'm going to show 24 you this in a second. But looking at 337, 338, those two 25 pages --</p>
<p style="text-align: right;">Page 15</p> <p>1 Q. But kids in the after-school program would be able 2 to meet with the psychiatrist as well?</p> <p>3 A. Right.</p> <p>4 Q. Item 4 under the Methods of Intervention says, "J. 5 Vaglia, MS/CM, will meet with K [REDACTED] once per week to 6 discuss her compliance with the classroom and authority 7 figures."</p> <p>8 A. Yes.</p> <p>9 Q. Who is J. Vaglia?</p> <p>10 A. Jennifer Vaglia was the therapist assigned to the 11 case.</p> <p>12 Q. Case manager?</p> <p>13 A. Case manager.</p> <p>14 Q. She will meet with K [REDACTED] once a week to make 15 sure that she's complying with classroom rules.</p> <p>16 A. Right. That could be an initial goal.</p> <p>17 Q. And then if it were changed, that change would be 18 reflected in some other --</p> <p>19 A. Right.</p> <p>20 Q. -- modification to the plan --</p> <p>21 A. Right.</p> <p>22 Q. -- is that right? And then under Item -- that's 23 all under Problem Category (a)(1), which is, "K [REDACTED] has 24 difficulties following the rules and expectations. She 25 typically requires more than one prompt to complete a task."</p>	<p style="text-align: right;">Page 17</p> <p>1 A. Um-hum.</p> <p>2 Q. -- those appear to be changes in the treatment 3 plan or modifications to the treatment plan. Is that right?</p> <p>4 A. That's right.</p> <p>5 Q. And the changes are in the goals or in the 6 problems; is that right?</p> <p>7 A. Right.</p> <p>8 Q. Okay. And, first of all, looking at those 9 records, I saw that there were those two modifications to 10 the treatment plan. Could you leaf through there and see if 11 there is any others that I might have missed that pertain to 12 Kristina.</p> <p>13 A. No, that would be it.</p> <p>14 Q. Okay. And the -- okay. So that over the course 15 of that first period of time when she was at Sarah Reed's 16 Children Center, there were -- the treatment plan was 17 reviewed two times after her initial -- after the initial 18 plan.</p> <p>19 A. Three.</p> <p>20 Q. Three. What are the dates of those reviews?</p> <p>21 A. February 28th, April 5th, May 30.</p> <p>22 Q. Yeah, I missed that. Okay. And let me ask you a 23 question: In terms of the initial plan, which is done after 24 the five-day review --</p> <p>25 A. Right.</p>



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<p style="text-align: right;">Page 18</p> <p>1 Q. -- is it generally the case that each child would 2 have an individualized distinct master plan, or is there a 3 similarity between the -- 4 A. There are frequently similarities. 5 Q. In essence, your school is used to dealing with 6 children that present behavioral problems in the -- in the 7 school that has referred them; is that right? 8 A. That's right. 9 Q. That's its primary sort of -- its primary niche, 10 is dealing with a -- I know we went through two; there were 11 two types of students; externalizing and internalizing. 12 A. Right. Right. 13 Q. I remember that. But your niche is dealing with 14 those students that have had -- presented some kind of 15 classroom problem; is that right? 16 A. Right. That their mental health needs -- the way 17 I think we have it written -- I didn't bring it with me. 18 But their mental health needs -- their social and emotional 19 and behavioral needs cannot be met in their public school. 20 Q. Okay. Now, I notice that K [REDACTED] if you go to 21 Document 340 -- 340, and actually if you look at 340 and 22 341, these are -- tell me what these documents are. 23 A. These would be the daily point cards, as -- these 24 are just the daily point cards. 25 Q. Okay. Is there something else that should</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Right. 2 Q. On those days. In looking at this report card, 3 weekly point card, I notice that the target behaviors, 4 Behavior No. 1 is, "Meet classroom expectations." Behavior 5 No. 2 is, "Get along with staff and peers." And those are 6 typed in. And then there is blanks for handwritten stuff to 7 appear. Are those first two target behaviors, are they the 8 same for all of the students in the school? 9 A. Yes. 10 Q. Okay. So they are uniform; that the first two 11 target areas would be to meet classroom expectations and get 12 along with staff and peers. 13 A. Right. 14 Q. And it seems like, going back to -- okay. If you 15 look at the progress notes for that first week, the Clinical 16 Case Progress Notes at 385, I mean, it seems like K [REDACTED] 17 did pretty -- I mean, could you ask for more? I guess 18 that's the way I would -- 19 A. That was a very good first week for her. 20 Q. Is it typically the case that kids' first weeks at 21 Sarah Reed's Children Center are so successful? 22 A. Yeah, it's not unusual. 23 Q. Why is that? Is that because they are new there 24 or -- 25 A. Right.</p>
<p style="text-align: right;">Page 19</p> <p>1 accompany the daily point cards? 2 A. Yeah. Within our chart, the daily point card, and 3 on the back is the daily note that goes with this. 4 Q. And, actually, the daily notes have been provided. 5 I guess that they come up at a different place. Let's see 6 if we can find those; a sample of those. That might be -- 7 are they the Clinical Case Progress Notes? Is that -- 8 A. Right. 9 Q. Okay. Then I'm not sure I can find the 10 corresponding -- the way these were copied. Let's see if we 11 can find the -- see if you can find the corresponding 12 clinical notes to those first -- her first week there. Oh, 13 here, it is. It would be -- oh that's -- yeah. If you look 14 at -- 15 (Discussion held off the record.) 16 A. Here they are. 17 Q. What number is that? Oh, I see. It would be 385 18 and 384? 19 A. Yes. 20 Q. So in terms of her report cards, looking -- going 21 back to 340, the report cards from her first three dates, 22 there's 90/90, then there's one for 98. And there is a 23 daily point total of 100. Does that -- those point totals, 24 do they indicate that -- that's the highest level of 25 achievement available for K [REDACTED], right?</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Then I notice in the clinical case notes for the 2 next week, 384, there is -- there's a reference on 3 1/30/02 to, "K [REDACTED]," quote, "was prompted to focus on 4 task and ignore negative leads," period, end quote. I think 5 you and I discussed negative leads last time. Do you 6 recall? 7 A. I don't recall, but we probably did. 8 Q. Okay. Negative leads are that maybe a child who 9 is internalizing is negatively influenced by some of these 10 children who have aggressive behavior problems. Is that 11 right? 12 A. Could be either way. Negative leads are when one 13 of the other children is behaving in a maladaptive manner, 14 whatever that is -- and, for instance, in this case, 15 Kristina would follow that and add to that. 16 Q. Okay. Going back to 341, that would be the -- 17 that would correspond to -- those -- that report would 18 correspond to the -- K [REDACTED] performance the next -- next 19 week or her second -- her first full week, the second week 20 she was there. Right? 21 A. Right. 22 Q. And it would be at some point in that week that 23 the master plan -- Master Treatment Plan would have been 24 prepared. 25 A. Right.</p>

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<p style="text-align: right;">Page 22</p> <p>1 Q. After five full days. Okay. I think that we --</p> <p>2 we discussed last time that the children progressed through</p> <p>3 certain levels at Sarah Reed. And correct me if I'm wrong.</p> <p>4 When they are in the first level -- first there is the</p> <p>5 orientation level, and then there's the first level; is that</p> <p>6 right?</p> <p>7 A. That's right.</p> <p>8 Q. I think we said that when they are in the first</p> <p>9 level, you expect one positive interaction between a student</p> <p>10 and their peers on a daily basis?</p> <p>11 A. That would be an example.</p> <p>12 Q. Well, is that what the expectations are, or are</p> <p>13 the expectations higher than that?</p> <p>14 A. It's individualized.</p> <p>15 Q. Can you tell, looking at this information that</p> <p>16 we've looked at pertaining to C [REDACTED], what the</p> <p>17 expectations for her were when she went to the first level?</p> <p>18 Or haven't we got to the first level yet?</p> <p>19 A. If I go back and look at her treatment plan, I</p> <p>20 might be able to tell you. No, I wouldn't -- I wouldn't be</p> <p>21 able to tell you what the expectation is.</p> <p>22 Q. Should that be something you should be able to</p> <p>23 tell me from the treatment plan; what the expectations of</p> <p>24 her are?</p> <p>25 A. That doesn't appear to be one of her goals they</p>	<p style="text-align: right;">Page 24</p> <p>1 had asked you about the document preparation here is that</p> <p>2 these are the Clinical Case Progress Notes, right?</p> <p>3 A. Right.</p> <p>4 Q. And these would be made by the case manager?</p> <p>5 A. That's right.</p> <p>6 Q. And they are different than the notes that we have</p> <p>7 been looking at, which are called -- the classroom notes.</p> <p>8 Although those are called Clinical Case Progress Notes as</p> <p>9 well.</p> <p>10 A. Right.</p> <p>11 Q. They are all completed on the same form.</p> <p>12 A. They are -- they were at the time. They are not</p> <p>13 anymore, because of that confusion.</p> <p>14 Q. I just wanted to ask you, there seems to be a gap</p> <p>15 between these notes. If you look at 362 and 363, they go</p> <p>16 from 2/15/02 on Page 362 to 5/2/02; that being the date --</p> <p>17 A. Right.</p> <p>18 Q. -- on 363. And there doesn't seem to be any notes</p> <p>19 of any case management involvement with K [REDACTED] for in</p> <p>20 between those two periods of time. Was the case manager</p> <p>21 supposed to meet with her on a weekly basis?</p> <p>22 A. She documented that she was to do that. But I'm</p> <p>23 aware that she didn't.</p> <p>24 Q. And how are you aware that she didn't?</p> <p>25 A. It was addressed in supervision with her.</p>
<p style="text-align: right;">Page 23</p> <p>1 were working on, so, no, I wouldn't expect to be able to</p> <p>2 tell you that, if it wasn't a goal that they were working</p> <p>3 on.</p> <p>4 Q. Okay. Do you know if any of the behaviors that</p> <p>5 are addressed in the report cards -- the score cards, I</p> <p>6 think you called -- weekly point cards.</p> <p>7 A. Right.</p> <p>8 Q. Are any of the behaviors addressed in the weekly</p> <p>9 point cards -- can you discern whether they have anything to</p> <p>10 do with the sexual assault that she suffered or the</p> <p>11 harassment that she was undergoing at the Erie School</p> <p>12 District?</p> <p>13 A. The only one that I would guess -- or the two that</p> <p>14 I would guess, get along with peers and increase</p> <p>15 self-esteem. But those are only guesses.</p> <p>16 Q. Okay. Can you tell, who was her -- by looking at</p> <p>17 this, who her teacher was? I guess that would be the</p> <p>18 Clinical --</p> <p>19 A. Right.</p> <p>20 Q. -- Case Notes.</p> <p>21 A. Jill Houston was the counselor, Kelly Hogue was</p> <p>22 the teacher.</p> <p>23 Q. Could you look at Document 362.</p> <p>24 A. (Witness complies.) Um-hum.</p> <p>25 Q. 362 and 363, one of the reasons that I had -- I</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. Okay.</p> <p>2 A. There was a time that she was documenting that she</p> <p>3 was doing certain things that she wasn't able to perform.</p> <p>4 Q. Okay. So in this particular case, it's not that</p> <p>5 there is a gap in the records. It's the fact that there</p> <p>6 wasn't a contact between the case manager and K [REDACTED] for</p> <p>7 10 weeks or approximately 10 weeks.</p> <p>8 A. Right. And if there was, it wasn't documented.</p> <p>9 Q. Wasn't documented, okay. Now, who -- the case</p> <p>10 manager, in the hierarchy of Sarah Reed Children's Center,</p> <p>11 what is the case manager's job?</p> <p>12 A. To coordinate treatment.</p> <p>13 Q. Okay. So the case manager is to meet with --</p> <p>14 would do that between the teacher and the counselor and the</p> <p>15 student and perhaps the therapist as well?</p> <p>16 A. They are the therapist.</p> <p>17 Q. Oh, they are the therapist.</p> <p>18 A. Right.</p> <p>19 Q. Okay. And in terms of being the -- I think that</p> <p>20 we discussed this the last time. That the therapist had --</p> <p>21 they had five hours a week to conduct therapy?</p> <p>22 A. Approximately.</p> <p>23 Q. Okay. Which was split up among their various</p> <p>24 students.</p> <p>25 A. Right.</p>

7 (Pages 22 to 25)

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<p style="text-align: right;">Page 26</p> <p>1 Q. And so what we can conclude from these records is</p> <p>2 that if there were therapy between February 15th, '02 and</p> <p>3 May 13th, '02, it's not documented.</p> <p>4 A. Right.</p> <p>5 Q. And we don't know if there was therapy. As we sit</p> <p>6 here today, you don't know if there was any therapy given to</p> <p>7 Kristina.</p> <p>8 A. Right.</p> <p>9 Q. Okay.</p> <p>10 (Discussion held off the record.)</p> <p>11 Q. Looking at those notes of -- the therapist notes,</p> <p>12 is there any indication that K[REDACTED] received therapy</p> <p>13 surrounding the sexual assault or the harassment that she</p> <p>14 had suffered at the Erie schools?</p> <p>15 A. No.</p> <p>16 Q. Would it be fair to say that for whatever -- that</p> <p>17 the reasons for the referral, whatever reasons the Erie</p> <p>18 School District had for referring K[REDACTED] to Sarah Reed,</p> <p>19 her tenure at Sarah Reed sort of took on a life of its own,</p> <p>20 and you guys dealt with whatever problems you perceived?</p> <p>21 A. Correct.</p> <p>22 Q. Would that be fair to say that? Okay. And then</p> <p>23 look at Document 394.</p> <p>24 A. (Witness complies.)</p> <p>25 Q. Okay. And tell me what that document is.</p>	<p style="text-align: right;">Page 28</p> <p>1 psychiatric evaluation, what happens? What is the process</p> <p>2 at Sarah Reed concerning K[REDACTED]?</p> <p>3 A. I'm not sure if I understand the question.</p> <p>4 Q. Well, I mean, what -- what is the point of this</p> <p>5 evaluation? What results from it? Or what consequences</p> <p>6 flow from the psychiatric evaluation? Or, in other words,</p> <p>7 for what purpose is there a psychiatric evaluation?</p> <p>8 A. From my standpoint, the purpose is every 20 days.</p> <p>9 Within the first five days, a psychiatrist has to meet with</p> <p>10 the child and do an evaluation. So this meets that</p> <p>11 requirement. And then every 20 days following that, they</p> <p>12 have to review the treatment plan.</p> <p>13 Q. Okay. Well, I understand that there has to be a</p> <p>14 meeting. And, actually, there wasn't within the first five</p> <p>15 days, because this is dated 2/13/02. Although it does say</p> <p>16 that there was an initial -- I guess she signed it 2/13/02.</p> <p>17 Apparently the initial psychiatric examination was done on</p> <p>18 2/01/02.</p> <p>19 A. Right.</p> <p>20 Q. Okay. Well, so I understand, that it is part of</p> <p>21 the procedure to have a psychiatric evaluation. But what is</p> <p>22 the -- after you have the evaluation, what is done with it?</p> <p>23 How does the evaluation convert into like something that the</p> <p>24 school is doing?</p> <p>25 A. It would have very -- very little connection with</p>
<p style="text-align: right;">Page 27</p> <p>1 A. That's our psychiatrist's initial psychiatric</p> <p>2 evaluation.</p> <p>3 Q. And what psychiatrist conducted that? That would</p> <p>4 be Christine Brunner? Christine Brunner Martinez?</p> <p>5 A. Correct.</p> <p>6 Q. She is on staff at Sarah Reed Children's Center?</p> <p>7 A. She is our medical director.</p> <p>8 Q. Take a look at -- okay. The mental status exam</p> <p>9 that the doctor concluded, which would be at Page 395,</p> <p>10 "Patient is very small and slightly chubby and was noted not</p> <p>11 to be able to button the top button on her pants. She has</p> <p>12 shoulder-length brown hair, and her hair is disheveled, but</p> <p>13 she does have on silver lip gloss, which is identical to a</p> <p>14 peer's silver lip gloss. She was pleasant and cooperative</p> <p>15 and fairly verbal, but was very soft-spoken. She denies</p> <p>16 suicidal or homicidal ideation, and there is no evidence of</p> <p>17 thought disorder."</p> <p>18 I have trouble seeing any sort of diagnosis of a</p> <p>19 mental illness in that mental status exam. Can you help me</p> <p>20 with that? I mean, what is there about that mental status</p> <p>21 exam that makes it necessary for K[REDACTED] to be in your</p> <p>22 partial hospitalization program?</p> <p>23 A. I wouldn't be able to answer that. Our</p> <p>24 psychiatrist would have to answer.</p> <p>25 Q. Okay. After the psychiatrist conducts his initial</p>	<p style="text-align: right;">Page 29</p> <p>1 the school. And, in fact, we wouldn't share it with the</p> <p>2 school unless there was a specific release signed.</p> <p>3 Q. I'm talking about your school.</p> <p>4 A. Oh, for our school, okay.</p> <p>5 Q. Right.</p> <p>6 A. The psychiatrist is the team leader. So based on</p> <p>7 her evaluation, then she would meet with the therapist and</p> <p>8 the teacher and probably the parent, if she could, and</p> <p>9 develop -- further refine the treatment plan.</p> <p>10 Q. Okay.</p> <p>11 A. And determine if medications were necessary. Or</p> <p>12 if she was on medication, if they were appropriate.</p> <p>13 Q. Are you able, looking at this psychiatric</p> <p>14 evaluation, to determine whether it was appropriate for</p> <p>15 Kristina to be at Sarah Reed Children's Center?</p> <p>16 A. Based on this information, I would say that she's</p> <p>17 eligible for our services.</p> <p>18 Q. Eligible in the sense of what? What makes her</p> <p>19 eligible?</p> <p>20 A. She has a past psychiatric history and the</p> <p>21 previous trauma that she's experienced, plus a suspected</p> <p>22 history of abuse.</p> <p>23 Q. So you need to explain. She has a past</p> <p>24 psychiatric history?</p> <p>25 A. Right.</p>

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1 Q. But the past -- and she does have a past  
2 psychiatric history. But it does appear that the last  
3 involvement with Sarah Reed was seven or eight years before  
4 this involvement. Is that right?  
5 A. Right. Yet she's also had family-based mental  
6 health, which is a fairly significant service.  
7 Q. Okay.  
8 A. And she's had what is called the Living in Family  
9 Environment Services, LIFE, which is for the most severe  
10 percentage of children in Erie County. And she also  
11 currently had Wrap services.  
12 Q. Well, it says that her sister has had LIFE  
13 services?  
14 A. I'm sorry. Okay.  
15 Q. Right?  
16 A. So then she was currently receiving Wrap-Around  
17 services.  
18 Q. Okay. So those -- those kind -- but that's --  
19 that makes her appropriate for Sarah Reed, but what in --  
20 what, in this report, indicates to you that she's  
21 appropriate for the -- an educational placement at Sarah  
22 Reed?  
23 A. That probably -- I'm not sure.  
24 Q. Because there's a difference between being  
25 eligible for your services; perhaps the after-school program

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1 or the therapy -- you know, the outpatient program, as  
2 opposed to the educational program.  
3 A. Right.  
4 Q. Is that right?  
5 A. Right.  
6 Q. Looking at this report, what makes her eligible --  
7 or appropriate for the educational program at Sarah Reed?  
8 A. That would have been a determination by the  
9 school.  
10 Q. Erie.  
11 A. Right.  
12 Q. And I think we talked about this. I don't know.  
13 Did you have a chance to look at your deposition from the  
14 last time?  
15 A. No.  
16 Q. Did we send you a copy?  
17 (Discussion held off the record.)  
18 Q. But in any event, I think that we -- if you  
19 recall -- and I just went through it once, and I haven't  
20 committed it to memory. But I think that we broached the  
21 subject that sometimes kids might be sent to Sarah Reed,  
22 that it's not appropriate that they be sent to Sarah Reed.  
23 That not all children are Sarah Reed material.  
24 A. Right.  
25 Q. And if you recall in this case, I think that

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1 K█████ was referred by Erie by virtue of a phone call.  
2 A. I'm not sure of that, but.  
3 Q. Okay. Well, that's what Mr. Bogardus testified  
4 to.  
5 A. Okay.  
6 Q. And if you look at the -- if you go to beginning  
7 at the Page 200409, I guess up through 49 -- wait. Excuse  
8 me. Up through 435. If you just sort of peruse those, does  
9 that appear to be the records from the Erie School District  
10 that pertained to K█████?  
11 A. Right, it is likely to be that.  
12 Q. And I think that -- can I just see the -- I just  
13 want to see if there were any other records. Actually, it  
14 goes up to Page 456. It doesn't appear to me that -- and  
15 those would be records that you would have obtained from the  
16 School District?  
17 A. Right.  
18 Q. It doesn't appear to me that those records contain  
19 any discipline information concerning K█████ or any  
20 information pertaining to her acting out or her behavioral  
21 problems in class. And you could take a look -- and I want  
22 you to take a look at that before you answer that, as to  
23 whether you agree or not agree with me.  
24 A. Okay.  
25 (Discussion held off the record.)

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1 Q. Have you had a chance to look at those?  
2 A. Yes, I did.  
3 Q. Is there anything that indicates that K█████ was  
4 ever a behavioral problem at the Erie School District?  
5 A. No. But to help answer the previous question as  
6 far as the psychiatrist report and this report, I was able  
7 to remember something when I looked back at the intake.  
8 Q. Yes.  
9 A. The addendum.  
10 Q. Yes. What is the Bates stamp on that?  
11 A. Oh, here it is. 310. Oh, I'm sorry, it's --  
12 Q. 309?  
13 A. Right. "K█████ had a recent inpatient stay at  
14 Millcreek Hospital and was discharged on January 11, 2002."  
15 That would almost automatically trigger for us that she was  
16 eligible for partial services.  
17 Q. Okay. But, again, are the -- the therapy and the  
18 hospitalization services that accompanied the placement in  
19 the alternative education program, are those same services  
20 available as an after-school program?  
21 A. They are, but it's common for kids who come out of  
22 residential or inpatient to automatically go into a daytime  
23 partial hospitalization program.  
24 Q. Okay. Common in the -- well, if that's why  
25 K█████ went into your program, your education program --



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1 A. I'm not saying that that's why she went in, but  
2 that's why we would have accepted her without much of a  
3 question.  
4 Q. Right. Well, I think you testified last time  
5 about that you accepted her because you relied on Erie to --  
6 I mean, they called you up, and you assumed that they had  
7 made a judgment that the referral was appropriate.  
8 A. Right. Even if they didn't have a lot of  
9 information, if they called us and said, you know, this  
10 child is coming out of an inpatient hospitalization, would  
11 you evaluate her, then we would take her.  
12 Q. All right. But if you look at your Master  
13 Treatment Plan -- and I think that that was 333 -- there is  
14 nothing in that Master Treatment Plan that relates to  
15 Kristina's hospitalization, is there?  
16 A. No. That would have been based on the  
17 observations during the first five days.  
18 Q. Okay. Well, actually, let me just look at the  
19 Master Treatment Plan. Could you go to 333 -- well, before  
20 we get to that, it is true that in what appears to be the  
21 section of your records that pertain to information provided  
22 by the School District --  
23 A. Right.  
24 Q. -- that there is no indication that K[REDACTED] had a  
25 behavioral problem at the School District.

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1 A. Right. I couldn't find anything here.  
2 Q. All right. And there's no indication -- okay. So  
3 if -- talking about what you said, in terms of the  
4 development of the Master Treatment Plan, which is at 333,  
5 based upon Kristina's first five days at the school, the  
6 first thing that is noted is that -- in the Master Treatment  
7 Plan -- this is Problems/Needs, quote, "K[REDACTED] has  
8 difficulty following the rules and expectations. She  
9 typically requires more than one prompt to complete a task."  
10 If you look at the point cards for her first five days, she  
11 got 90 out of 90, 98 out of 100, 100 out of 100, 100 out of  
12 100, and 95 out of 100. And what, in those -- and I see on  
13 the fifth day, which is at 341, Tuesday, that there is a  
14 handwritten note, "Needed several prompts to stay on task;  
15 one time out of five."  
16 How can you discern that that's a problem that she  
17 has, based upon -- on one day she needed more than one  
18 prompt to -- or at least that's the observation -- she  
19 needed more than one prompt to complete a task?  
20 A. Yeah, I'm not -- I wasn't part of that team, so  
21 I'm not sure how they did that.  
22 Q. Okay. And certainly, that is -- that kind of  
23 behavior would be different -- different from the typical  
24 behavior of a student referred to the alternative education  
25 program by School District -- I mean, these kids were

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1 really -- many of them were out of control, right?  
2 A. Some of them were.  
3 Q. And I think that your doctor, going back to 395,  
4 Dr. Brunner Martinez, who conducted an initial psychiatric  
5 evaluation, indicated that K[REDACTED] denies suicidal or  
6 homicidal ideations, and your doctor also found that there  
7 was no evidence of thought disorder.  
8 A. Right.  
9 (Discussion held off the record.)  
10  
11 CROSS-EXAMINATION  
12 BY MR. MARNEN:  
13  
14 Q. Mr. Iddings, as I understand it, then, the  
15 original referral from -- from Erie School District was  
16 based on two things; one was harassment by -- of K[REDACTED] by  
17 other students, and two was the sexual assault she had been  
18 involved in.  
19 A. That's what it appears to be.  
20 Q. You were not personally involved in her treatment;  
21 is that --  
22 A. That's correct.  
23 Q. -- a fair statement?  
24 A. Right.  
25 Q. Did you supervise anyone that was?

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1 A. Yes. Jennifer Vaglia.  
2 Q. How do you spell Jennifer's last name?  
3 A. V-A-G-L-I-A. She was the case manager/therapist.  
4 Q. So when you responded, then, you're talking about  
5 you reviewed records. You were not personally involved, so  
6 your response was based on review of records.  
7 A. Correct.  
8 Q. All right. And as you reviewed the records, those  
9 records indicated to you that both the treatment plan and  
10 the actual treatment were unrelated to harassment by other  
11 students and a sexual assault on K[REDACTED]?  
12 A. Yes.  
13 Q. Is that your testimony?  
14 A. Yes.  
15 Q. What kinds of things would you expect to see in  
16 the treatment plan and the treatment if they were related to  
17 harassment by other students and a sexual assault of  
18 Kristina?  
19 A. There would be a goal, for instance, to say, "Will  
20 identify feelings regarding previous trauma."  
21 Q. Would that be about it, then? Have you just  
22 summarized everything that would be in there?  
23 A. And then there may be objectives under that. One  
24 objective would be to write out feelings, to develop coping  
25 skills to deal with feelings, and to identify -- and I'm

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<p style="text-align: right;">Page 38</p> <p>1 just doing this for instance, but identify strength based on</p> <p>2 personal capabilities.</p> <p>3 Q. Is it fair to say the details of the objectives</p> <p>4 would vary from person to person?</p> <p>5 A. That's right.</p> <p>6 Q. Would they be of a general nature that would be</p> <p>7 recognizable to you?</p> <p>8 A. Yes.</p> <p>9 Q. And you don't see any of those kinds of things in</p> <p>10 the objective, in the plan here.</p> <p>11 A. I do not.</p> <p>12 Q. What, if anything, does that suggest to you</p> <p>13 relative to any effects sustained by K [REDACTED] as a result of</p> <p>14 student harassment or a sexual assault?</p> <p>15 A. Two things: One, that the treatment team didn't</p> <p>16 feel that that was the primary -- her primary need at the</p> <p>17 time. And/or that those needs were being addressed by</p> <p>18 another therapist.</p> <p>19 Q. Is another possibility that there weren't any</p> <p>20 needs?</p> <p>21 A. Or there were no -- there were no needs regarding</p> <p>22 previous trauma.</p> <p>23 Q. The other therapist would be someone outside the</p> <p>24 Sarah Reed program?</p> <p>25 A. Right.</p>	<p style="text-align: right;">Page 40</p> <p>1 need, would they be behavioral modification therapy or</p> <p>2 behavior modification methods?</p> <p>3 A. In general, I would not say that behavioral</p> <p>4 modification methods would address previous trauma.</p> <p>5 Q. Okay. And if the reason for the referral doesn't</p> <p>6 exist, why wouldn't you just send her back?</p> <p>7 A. Based on our evaluation, we -- and, again, this is</p> <p>8 in general. Based on our evaluation, we wouldn't say that</p> <p>9 she would be successful -- we wouldn't predict that she</p> <p>10 would be successful going back.</p> <p>11 Q. Even though there was no information from the</p> <p>12 School District that there were any behavioral problems</p> <p>13 associated with her prior history at the school. At least</p> <p>14 that you knew of, right?</p> <p>15 A. Right.</p> <p>16 Q. So even though there were no behavioral problems</p> <p>17 in the past, your institution made a determination that she</p> <p>18 couldn't succeed in the school?</p> <p>19 A. Right.</p> <p>20 Q. Based upon what?</p> <p>21 A. I'm imagining -- and I'm guessing that it would be</p> <p>22 her current behavior within our program.</p> <p>23 Q. Which the first week was all 100's, right?</p> <p>24 A. Right.</p> <p>25 MR. OLDS: Let's do R [REDACTED]</p>
<p style="text-align: right;">Page 39</p> <p>1 Q. But even though there was no relationship between</p> <p>2 the treatment plan and the actual treatment and the basis</p> <p>3 for referral by Erie School District, K [REDACTED] did remain in</p> <p>4 the Sarah Reed program through some date in June, did she</p> <p>5 not?</p> <p>6 A. That's right.</p> <p>7 Q. And her remaining in that program, was that --</p> <p>8 what was that based on? Was that based on an evaluation of</p> <p>9 her needs by Sarah Reed?</p> <p>10 A. Yes. The treatment team would determine when they</p> <p>11 thought she was -- she was prepared to go back to a public</p> <p>12 school and be successful.</p> <p>13 Q. And what role, if any, did the parents' wishes</p> <p>14 play in her remaining at Sarah Reed?</p> <p>15 A. I'm not real sure, but in general, we wouldn't</p> <p>16 continue to provide treatment if the parents aren't in</p> <p>17 agreement.</p> <p>18 MR. MARNEN: I have no other questions. Thanks.</p> <p>19</p> <p>20 REDIRECT EXAMINATION</p> <p>21 BY MR. OLDS:</p> <p>22</p> <p>23 Q. If a need -- if there was a treatment need because</p> <p>24 of the prior trauma -- in this case, a sexual assault or</p> <p>25 harassment -- do you know if the methods for addressing that</p>	<p style="text-align: right;">Page 41</p> <p>1 MR. MARNEN: Before you do, a couple more things</p> <p>2 occurred to me, as often happens to lawyers.</p> <p>3</p> <p>4 RECROSS-EXAMINATION</p> <p>5 BY MR. MARNEN:</p> <p>6</p> <p>7 Q. Mr. Olds questioned you about -- about the two</p> <p>8 components -- as I understand it, the two components --</p> <p>9 well, let me try it that way. There are two basic</p> <p>10 components of -- there were two basic components of</p> <p>11 K [REDACTED]'s treatment by Sarah Reed; one was educational, one</p> <p>12 was therapeutic? Is that a fair general statement?</p> <p>13 A. Yes.</p> <p>14 Q. And he questioned you about whether the same --</p> <p>15 the treatment goals and whether the treatment, actual</p> <p>16 treatment provided could be fulfilled if she were just in an</p> <p>17 outpatient program, as opposed to actually going to -- going</p> <p>18 to school there.</p> <p>19 I guess I'm trying to -- I'm trying to distinguish</p> <p>20 between someone just receiving therapy at Sarah Reed and</p> <p>21 someone getting education and therapy. Does anyone just get</p> <p>22 therapy there?</p> <p>23 A. Yes.</p> <p>24 Q. Would that have been appropriate here, if you</p> <p>25 know, based on your review of the records, to provide</p>

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<p style="text-align: right;">Page 42</p> <p>1 K[REDACTED] only therapy and not education too?</p> <p>2 A. I don't know for K[REDACTED] in particular, but</p> <p>3 generally our treatment team, if the psychiatrist and the</p> <p>4 therapist thought that her needs could be met on an</p> <p>5 outpatient basis back in the public school, then they would</p> <p>6 have made that recommendation.</p> <p>7 Q. So that's one of the things they consider when</p> <p>8 they evaluate her needs.</p> <p>9 A. Right.</p> <p>10 Q. And Sarah Reed determined, then, after the</p> <p>11 referral was made, whether -- they determined not only that</p> <p>12 therapy was needed, but also education.</p> <p>13 A. Correct.</p> <p>14 MR. MARNEN: Thanks.</p> <p>15</p> <p>16 FURTHER REDIRECT EXAMINATION</p> <p>17 BY MR. OLDS:</p> <p>18</p> <p>19 Q. One follow-up. Just so the record is not</p> <p>20 confused, while Mr. Marnen asked about whether K[REDACTED]</p> <p>21 received therapy, if K[REDACTED] received therapy from Sarah</p> <p>22 Reed, it would be from her case manager.</p> <p>23 A. That's right.</p> <p>24 Q. And there's no record of her receiving any therapy</p> <p>25 for a period of 10 weeks.</p>	<p style="text-align: right;">Page 44</p> <p>1 basis. And I'm not sure if we had changed that by that time</p> <p>2 or not.</p> <p>3 Q. If we look -- concerning R[REDACTED], if we look at</p> <p>4 Document 031.</p> <p>5 A. Okay.</p> <p>6 Q. That's the narrative addendum of -- that involves</p> <p>7 R[REDACTED] P[REDACTED]. Is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Her referral from the School District.</p> <p>10 A. That's right.</p> <p>11 Q. And the referral concerns are, quote, "Referral</p> <p>12 was made by the Erie City School District for special</p> <p>13 education tract. It was purported that R[REDACTED] was</p> <p>14 victimized sexually in school and was suffering harassment</p> <p>15 by peers. The incidents in school are currently under</p> <p>16 police investigation, and charges are pending against</p> <p>17 perpetrator or perpetrators. Please refer to intake dated</p> <p>18 5/08/01 for further historical information resulting in the</p> <p>19 referral for outpatient services."</p> <p>20 So with Rachel, there was a prior contact with</p> <p>21 Sarah Reed; is that correct?</p> <p>22 A. That is correct.</p> <p>23 Q. And that was 6/15/02. And that's the 160,</p> <p>24 Document 160, I think. Wait. Is that right? No, that's</p> <p>25 not Document 160. That would be Document -- no, that's the</p>
<p style="text-align: right;">Page 43</p> <p>1 A. That's right.</p> <p>2 Q. And she was receiving outside therapy.</p> <p>3 A. It appears so.</p> <p>4 Q. Wrap-Around services, mobile therapy.</p> <p>5 A. Right.</p> <p>6 Q. And that was in the home, right?</p> <p>7 A. It appears.</p> <p>8 Q. Okay.</p> <p>9 MR. OLDS: Nothing else. Are you done?</p> <p>10 MR. MARNEN: I'm done.</p> <p>11 (Discussion held off the record.)</p> <p>12 BY MR. OLDS:</p> <p>13 Q. Can you tell -- we're going to talk about R[REDACTED]</p> <p>14 P[REDACTED] history at Sarah Reed now. But can you tell</p> <p>15 whether there was -- what level of communication there was</p> <p>16 between Sarah Reed and the Erie School District concerning</p> <p>17 the progress of these girls -- you can specifically refer to</p> <p>18 R[REDACTED] if you want -- after the initial referral to the</p> <p>19 School District -- after the initial referral to Sarah Reed.</p> <p>20 A. In 2002, I can't -- I can't specifically.</p> <p>21 Currently, we meet with school districts on at least a</p> <p>22 quarterly basis to review progress. In 2002, I can't</p> <p>23 remember if it was more frequent than that.</p> <p>24 There was a time when I first started there that</p> <p>25 they were meeting with the school districts on a monthly</p>	<p style="text-align: right;">Page 45</p> <p>1 wrong one. Let me see if I can find that in the record.</p> <p>2 Oh, actually, it would be Document 272. That would be dated</p> <p>3 12/20/01. Okay?</p> <p>4 A. Okay.</p> <p>5 Q. And does that -- and that was a -- apparently, it</p> <p>6 looks like that Mr. P[REDACTED] brought R[REDACTED] in to seek</p> <p>7 outpatient care; is that right?</p> <p>8 A. Outpatient psychiatric care, yes.</p> <p>9 Q. Outpatient psychiatric care. And if you look at</p> <p>10 the impression, she was seen by Dr. Charles Joy. And does</p> <p>11 he work for Sarah Reed?</p> <p>12 A. Yes, he does.</p> <p>13 Q. Okay. She was seen by Dr. --</p> <p>14 MR. MARNEN: Are you talking about the document</p> <p>15 that's 272 to 274?</p> <p>16 MR. OLDS: Yes.</p> <p>17 MR. MARNEN: The date next to the signature is not</p> <p>18 12/20/01. It's 1/17/02.</p> <p>19 MR. OLDS: Apparently there was a lapse. And this</p> <p>20 was the same as the other one involving K[REDACTED]</p> <p>21 that there was a lapse between the date seen and</p> <p>22 when it was signed by the psychiatrist.</p> <p>23 MR. MARNEN: Oh, okay.</p> <p>24 MR. OLDS: Okay?</p> <p>25 MR. MARNEN: Okay.</p>

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<p style="text-align: right;">Page 46</p> <p>1 MR. OLDS: Because the date seen is 12/20/01.</p> <p>2 MR. MARNEN: The DOA, you mean?</p> <p>3 MR. OLDS: Yeah. Date of appointment. I suppose</p> <p>4 that is what that means.</p> <p>5 Q. Is that what that means?</p> <p>6 MR. MARNEN: I guess it must be.</p> <p>7 A. Right. It's not unusual for the doctors to</p> <p>8 dictate, and then when they get the dictation back, they</p> <p>9 sign it and date it. So it could be a month later.</p> <p>10 MR. MARNEN: Okay. So I'm sorry for the</p> <p>11 interruption.</p> <p>12 Q. Maybe you could explain on 274, at the bottom of</p> <p>13 the page there is a D:, a T:, a C:. Do you see that? You</p> <p>14 have 12/20/01, 1/8/02, 1/11/02. Do you know what those</p> <p>15 refer to?</p> <p>16 A. I don't. But I would guess that one is dictation,</p> <p>17 one is typed, and one is corrected. But I'm not positive.</p> <p>18 Q. Okay. That might make sense. Okay. So Dr. Joy</p> <p>19 saw R■■■■ on 12/20/01. Notes that -- the impression is,</p> <p>20 "R■■■■ has significant emotional and behavioral difficulty</p> <p>21 at this time and minimal previous history. Although her</p> <p>22 older brother had a significant history of involvement with</p> <p>23 intensive mental health services. At this time there does,</p> <p>24 indeed, appear to be significant stress issues in her life."</p> <p>25 But do you know whether R■■■■ was scheduled to be</p>	<p style="text-align: right;">Page 48</p> <p>1 Q. Yes.</p> <p>2 A. The Base Service Unit completed an assessment, an</p> <p>3 intake assessment.</p> <p>4 Q. Okay. And what is your connection with the Base</p> <p>5 Service Unit?</p> <p>6 A. For children who are going to receive mental</p> <p>7 health services that are publicly funded, the Base Service</p> <p>8 Unit pretty much brokers those services. So a family would</p> <p>9 first contact the Base Service Unit. They would then</p> <p>10 identify the agency that has the opening and set up and</p> <p>11 arrange for an outpatient evaluation.</p> <p>12 Q. Okay. And that might be how it happened that</p> <p>13 Rachel came to you. Because originally they had gone to the</p> <p>14 Base Service Unit.</p> <p>15 A. Right. Right. And at the end of that document,</p> <p>16 Document 38, an outpatient psychiatric appointment was</p> <p>17 scheduled for 7/17/01, and an outpatient counseling</p> <p>18 appointment was 6/11/01.</p> <p>19 Q. But R■■■■ didn't attend those. But eventually</p> <p>20 she did attend the psychiatric appointment on 12/20/01.</p> <p>21 A. Right.</p> <p>22 Q. And after that, what was the therapy that was</p> <p>23 going to be provided to R■■■■ from Sarah Reed?</p> <p>24 A. Let me see if I can find that. I can't find what</p> <p>25 Dr. Joy's recommendations are in here. They should be in</p>
<p style="text-align: right;">Page 47</p> <p>1 seen as an outpatient by Sarah Reed as a result of this</p> <p>2 initial intake?</p> <p>3 A. Yes, she was scheduled back in June, previous to</p> <p>4 this.</p> <p>5 Q. Previous to this.</p> <p>6 A. For outpatient.</p> <p>7 Q. Okay. And so this was a -- oh. So she came in,</p> <p>8 in June, and then it took until December to see the</p> <p>9 psychiatrist. Is that -- there was a delay? Is that right?</p> <p>10 A. Right. There was a -- an initial intake, I</p> <p>11 believe, in May, an appointment for therapy scheduled in</p> <p>12 June, and an appointment for a psychiatric evaluation.</p> <p>13 Somewhere it's in here. I think in July. And that the</p> <p>14 family wasn't able to make those appointments.</p> <p>15 Q. Okay. And so -- but the family eventually did</p> <p>16 make an appointment for December --</p> <p>17 A. By December, right.</p> <p>18 Q. And then -- and was there a course of therapy --</p> <p>19 can you tell, looking at this, whether there was an</p> <p>20 agreement on behalf on Sarah Reed that it would provide some</p> <p>21 kind of psychiatric treatment to R■■■■ as a result of her</p> <p>22 coming to Sarah Reed?</p> <p>23 A. Let me see. Yes.</p> <p>24 Q. And what was that?</p> <p>25 A. If you look at Document 32.</p>	<p style="text-align: right;">Page 49</p> <p>1 here somewhere.</p> <p>2 Q. So let's look at R■■■■ initial treatment plan.</p> <p>3 That would be 199.</p> <p>4 A. Okay.</p> <p>5 Q. Rachel's -- it's the -- it says, quote,</p> <p>6 "R■■■■" the problem/need, under that column, it says,</p> <p>7 "R■■■■ has difficulties following the rules and</p> <p>8 expectations. She typically requires more than one prompt</p> <p>9 to complete a task. She is also oppositional and defiant to</p> <p>10 staff's requests." Is that right?</p> <p>11 A. Um-hum.</p> <p>12 Q. And the second problem/need that was identified</p> <p>13 was that, "R■■■■ has difficulty staying on task. She needs</p> <p>14 to be prompted several times to begin her work or to</p> <p>15 comply." Is there any other treatment plan -- is that the</p> <p>16 entire original treatment plan for R■■■■</p> <p>17 A. No.</p> <p>18 Q. What else is there? Can I see that for a second.</p> <p>19 A. Yeah. 19 -- I think is it 7?</p> <p>20 Q. 197.</p> <p>21 (Discussion held off the record.)</p> <p>22 Q. So in R■■■■ case, there was a note that,</p> <p>23 "R■■■■ suffers from poor self-esteem and has difficulty</p> <p>24 expressing positive thoughts." And the methods of</p> <p>25 intervention there are that, "Staff will ask Rachel to make</p>



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<p style="text-align: right;">Page 50</p> <p>1 one positive statement about herself daily and record it on 2 a chart." Is that right? And I'm looking at it, so how 3 could you tell me. 4 A. I bet you you're right. 5 Q. I tried to read it quickly. 6 A. Yes. 7 Q. Can I see that for a second. 8 A. Sure. 9 Q. Looking at R■■■■ master plan, what was the -- 10 what kind of student was R■■■■? Was she -- if you can fit 11 her into one of the two broad categories that we discussed 12 earlier, did she seem to be one of the students who was an 13 internalizer, or was she a student who had behavioral 14 problems? 15 A. Based on this or our experience with her? 16 Q. Well, that is based upon your experience with her, 17 right? The initial plan. 18 A. Just during the first five days. 19 Q. Right. Yeah, based upon the first five days, what 20 was the -- categorize R■■■■ for me. 21 A. Okay. Based on this, it would appear that she was 22 more of an interlizing child. 23 Q. Now, R■■■■ had -- if you look at the revisions to 24 the treatment plan or the treatment plan review -- and I'm 25 looking at 200, 201 and 202 --</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. And that was a -- that was an issue that you had 2 with this case manager? Was she just too busy, or what was 3 the story? 4 A. In these particular cases, I'm not sure if it was 5 the case manager's -- the responsibility was on the case 6 manager, or if the children's behavior didn't -- you know, 7 wasn't stable enough for therapy to begin. But for that 8 particular therapist, there were some personal issues going 9 on that interfered with her. 10 Q. Looking at R■■■■ initial treatment plan, what 11 components of the plan were -- refer to the reasons for 12 R■■■■ referral? 13 A. "R■■■■ suffers from poor sense of self-esteem has 14 and difficulty expressing positive thoughts about herself. 15 R■■■■ has difficulty engaging in appropriate activities 16 with peers. She tends to act older than she really is." 17 These are probably the two. 18 Q. And relative to the first one, to the self-esteem, 19 that was the -- she was going to be directed to say one 20 positive thing about herself on a daily basis? 21 A. (No response.) 22 Q. Is that the treatment goal? 23 A. Yeah. It says, "Will decrease the frequency of 24 negative self-descriptions. Identify positive traits and 25 talents about herself, and develop an ability to identify</p>
<p style="text-align: right;">Page 51</p> <p>1 A. Okay. 2 Q. -- did her treatment plan -- are these -- is there 3 more than one page to the review of the treatment plan? 4 A. Yes. They are out of order. 5 Q. We missed those. And did R■■■■-- can you tell 6 whether R■■■■ had the same case manager that K■■■■ had? 7 A. She did. 8 Q. And there does appear to be a lapse in the therapy 9 that was provided to R■■■■ by the case manager; is that 10 right? Or at least the documentation doesn't appear to be 11 there; that there was continued case management services or 12 therapeutic services? 13 A. Right. 14 Q. Let me see if I could find that. You could look 15 for it also. But I just hadn't put my hands on it. 235. 16 A. Yeah. 17 Q. So apparently there was a lapse of interaction 18 between the case manager -- at least documentation of the 19 interaction between the case manager and R■■■■ between 20 February 7th and April 16th. 21 A. Right. 22 Q. And do you know whether -- is it that -- do you 23 know whether the case manager had any contact with R■■■■ in 24 between those two days? 25 A. I don't know that.</p>	<p style="text-align: right;">Page 53</p> <p>1 and express her needs verbally." 2 Q. Okay. Going back to your therapist notes, again 3 at 235, the case manager's notes -- 4 A. Um-hum, okay. 5 Q. -- the initial contact between the therapist and 6 R■■■■, the therapist wrote, "Case manager met with R■■■■ 7 for an individual therapy session. Case manager and R■■■■ 8 were discussing some behavioral concerns that R■■■■ was 9 having. R■■■■ is very angry about being at Sarah Reed 10 Children's Center and feels that she does not belong here. 11 Case manager discussed with R■■■■ that she may not be here 12 via the same route that the other students came here, but 13 she still has to follow the rules and adhere to the program 14 at Sarah Reed Children's Center. Case manager encouraged 15 R■■■■ to try and work with the staff at Sarah Reed 16 Children's Center, rather than fight. Case manager will 17 continue to meet with R■■■■ on a weekly basis. J. Vaglia, 18 case manager." 19 Do you know, the case manager discussed with 20 R■■■■ that, quote, she may not be here via the same route 21 that the other students have come. 22 A. Um-hum. 23 Q. End quote. Do you have any idea what the case 24 manager was referring to when she made those notes? 25 A. I'm not sure what, you know, R■■■■ -- I'm</p>

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<p style="text-align: right;">Page 54</p> <p>1 imagining here that R[REDACTED] told her something about, you  2 know, why she was there. But I'm not sure.  3 Q. Okay. Can you look at R[REDACTED] point cards. And  4 I think that they begin at 208.  5 A. Okay.  6 Q. Again, the target behaviors are, number one, meet  7 classroom expectations; two, get along with staff and peers;  8 three, be on task; four, increase self-esteem; and five,  9 PPI." Do you know what PPI means?  10 A. Positive peer interactions.  11 Q. The first full week that R[REDACTED] was there or the  12 second week of her attendance, beginning 1/28 through  13 2/01 -- that would be Document 209 -- R[REDACTED] had some  14 problems that week. Can you, by looking at these records,  15 can you tell what the problems were?  16 A. It appears that -- I would have to look at the  17 daily notes, but it appears something happened on Friday.  18 Q. That would be -- the date for that would be?  19 A. The 25th; 1/25. So that she was in refocus that  20 following Monday, which is kind of like time-out.  21 Q. Okay.  22 A. And then on Tuesday, the 29th, she threatened to,  23 quote, murder staff, slice your throat, close quote. Again,  24 in quotes, if you touch my purse, I'll punch you in the  25 face, close quotes. So threatening staff.</p>	<p style="text-align: right;">Page 56</p> <p>1 A. I think at first R[REDACTED] was, you know, angry and  2 defiant within the program. Then there was an inpatient  3 hospitalization. And when she came out of inpatient, she  4 actually performed very well. Started to make progress,  5 seemed to be benefiting from all of the activities for about  6 a month. And then her behavior became much more explosive  7 and aggressive.  8 So from -- I can't remember the dates, but I'm  9 thinking -- I think it was about a month after her  10 hospitalization, which I believe was in March. So from  11 March to mid April, she did relatively well.  12 Q. Do you have any -- you indicated that when she  13 initially came, there was anger. Was it anger about being  14 at Sarah Reed? Is that what the anger was about?  15 A. That's what it appears in the record to say, yes.  16 Q. And how do you deal with that as an institution?  17 How do you deal with a child's anger at being there?  18 A. Well, you know, talk to them about it, and  19 about -- you know, we'll validate their feelings; that it's  20 a difficult place to be and a difficult -- you know, it's  21 difficult for kids, I think, because they don't know all of  22 the expectations when they first get there. So we certainly  23 validate that for them. And we help them start identifying  24 triggers. But also provide consequences for inappropriate  25 expression of anger; throwing objects, breaking property,</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. Okay.  2 A. And then on Wednesday the 30th, she appeared to  3 have threatened to punch a peer.  4 Q. The date that she had her first meeting with the  5 therapist was 1/30/02 as well; is that right?  6 A. Can you tell me the number of that?  7 Q. That would be 235. I'm sorry.  8 A. That's right.  9 Q. Okay. Can I see -- okay. You answered my  10 question. I'd like to see -- I'm sorry to do that. Were  11 you looking for the daily notes for that first week?  12 A. Yeah.  13 Q. Are they in here?  14 A. I haven't found them yet.  15 (Discussion held off the record.)  16 Q. Were you able to find --  17 A. I was not. The earliest documentation we have is  18 January 30th, 2002. So it appears that we either missed a  19 page that we sent to you, or documentation started late.  20 Q. Okay. Well, characterize R[REDACTED]'s performance at  21 Sarah Reed. You have had a chance to look at some of these  22 records. Can you characterize her performance at Sarah Reed  23 the first three or four months she was there.  24 A. Um-hum.  25 Q. Go ahead.</p>	<p style="text-align: right;">Page 57</p> <p>1 threatening, aggressive behaviors.  2 Q. What are --  3 A. Such as time away, time-out, out-of-school -- or  4 in-school suspension -- or in-program suspension,  5 out-of-program suspension.  6 Q. Do you know if the gaps that appeared to exist in  7 the records we're looking at today, if they are -- if -- can  8 you explain them in the sense that either, one, perhaps the  9 entire file wasn't sent, perhaps Smart made mistakes in  10 copying the file that was sent, or perhaps the documentation  11 that doesn't appear to be here was never created?  12 A. For -- prior to January 30th?  13 Q. Yeah.  14 A. Once the notes --  15 Q. I think there are a couple other gaps, too, to be  16 honest with you. You know, if you look after January 30th,  17 there doesn't appear to be clinical case notes for early  18 February. They go to February 18th. And --  19 A. It looks like what they might have done was just  20 copied one side.  21 Q. Okay.  22 A. Yeah. But I would say that one of those three.  23 Q. Maybe we'll talk to your counsel about making sure  24 that we have the record. Because that might account for it.  25 Because I notice on the 1/30, that sheet of paper says --</p>

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<p style="text-align: right;">Page 58</p> <p>1 starts off with "continued".</p> <p>2 A. Oh, does it?</p> <p>3 Q. Yeah. And so it --</p> <p>4 A. Oh, yeah.</p> <p>5 Q. -- suggests that there was something contained</p> <p>6 before it.</p> <p>7 (Discussion held off the record.)</p> <p>8 A. But it does appear that the first two weeks of</p> <p>9 each month are missing.</p> <p>10 Q. Okay. So maybe that's -- we could explain that.</p> <p>11 I mean, maybe we can deal with that with talking with your</p> <p>12 counsel.</p> <p>13 I notice one other thing about R [REDACTED] records</p> <p>14 that was different from K [REDACTED]. There doesn't appear to</p> <p>15 be any information about R [REDACTED]'s IEP from the Erie School</p> <p>16 District. Or there -- there doesn't appear to be any</p> <p>17 information about the -- from the Erie School District in</p> <p>18 her records. And I'm talking about this particular time</p> <p>19 frame; her first referral.</p> <p>20 A. Right.</p> <p>21 Q. Could you see if I'm wrong when I make that</p> <p>22 statement.</p> <p>23 A. That's right. In this document, I don't see</p> <p>24 documents generated by the school.</p> <p>25 Q. Would you expect that to be -- documents from the</p>	<p style="text-align: right;">Page 60</p> <p>1 different than a public school, which can be kind of</p> <p>2 intimidating to some of the kids.</p> <p>3 And then just the unknown, as to, you know, what</p> <p>4 the expectations are, how -- what skills do they need in</p> <p>5 order to be successful, where are they -- you know, are they</p> <p>6 going to be safe there. Those all contributed to, I think,</p> <p>7 some of the kids' anxiety.</p> <p>8 Q. Anxiety anyone would undergo, I guess, if they</p> <p>9 went into a new situation.</p> <p>10 A. Right. Right.</p> <p>11 Q. The structured environment, you said it's</p> <p>12 different from that of a public school. Do you mean the</p> <p>13 level of tolerance from misconduct is lower, or do you mean</p> <p>14 the discipline is more severe? Or in what nature is it more</p> <p>15 structured?</p> <p>16 A. Well, there's more -- there's a smaller ratio of</p> <p>17 students to staff. Students are called on behaviors</p> <p>18 probably because there's less students. You know, the</p> <p>19 teacher can identify behaviors that are problematic. But I</p> <p>20 would say that we have a higher tolerance for maladaptive</p> <p>21 behaviors. You generally don't eject kids out of the</p> <p>22 program because of their behavior, unless it is so severe or</p> <p>23 so bad that we can't manage them.</p> <p>24 Q. So fundamentally there's the teacher-to-student</p> <p>25 ratio.</p>
<p style="text-align: right;">Page 59</p> <p>1 School District, would you expect that to be in Sarah Reed's</p> <p>2 file?</p> <p>3 A. Somewhere, yes.</p> <p>4 Q. So you would expect, for instance, if R [REDACTED] had</p> <p>5 an IEP, that you would have a -- that Sarah Reed would have</p> <p>6 a copy of that IEP.</p> <p>7 A. Right.</p> <p>8 MR. OLDS: I don't have any other questions.</p> <p>9 MR. MARNEN: Just a couple.</p> <p>10</p> <p>11 FURTHER RECROSS-EXAMINATION</p> <p>12 BY MR. MARNEN:</p> <p>13</p> <p>14 Q. Mr. Iddings, you just recently made some general</p> <p>15 statements about Sarah Reed being a difficult place to be,</p> <p>16 and that someone newly arrived at Sarah Reed, a client,</p> <p>17 would not at that time know everything to expect when they</p> <p>18 get there, and after a while, I guess -- there's a learning</p> <p>19 curve.</p> <p>20 A. Correct.</p> <p>21 Q. Would you elaborate a bit on it being a difficult</p> <p>22 place to be; not knowing what to expect when you arrive.</p> <p>23 A. The types of children that are there are -- have</p> <p>24 challenging behaviors, many of them. The expectations are</p> <p>25 quite high, and it's very structured. So it's much</p>	<p style="text-align: right;">Page 61</p> <p>1 A. Teacher-to-student ratio, the therapist being</p> <p>2 right in the building, and a psychiatrist that continuously</p> <p>3 follows the child's progress.</p> <p>4 Q. In the public school setting, there certainly</p> <p>5 would be a teacher, but there wouldn't be as many students</p> <p>6 in the classroom?</p> <p>7 A. There would be more students in the classroom.</p> <p>8 Q. I'm sorry. There would be more in the public</p> <p>9 school.</p> <p>10 A. Right.</p> <p>11 Q. There would also be a counselor, would there not?</p> <p>12 A. Possibly.</p> <p>13 Q. In a public school.</p> <p>14 A. Public school.</p> <p>15 Q. But that counselor would be serving more students</p> <p>16 than in the case of Sarah Reed?</p> <p>17 A. Generally, yes.</p> <p>18 Q. But there would not be a psychiatrist on the</p> <p>19 school premises.</p> <p>20 A. That's right.</p> <p>21 Q. You have a staff psychiatrist who is there all the</p> <p>22 time?</p> <p>23 A. All but one day a week.</p> <p>24 Q. What hours? Just daylight hours?</p> <p>25 A. Yes. Yeah. Yeah, we don't have -- well, our</p>

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1 residential program has children who stay at night, and  
2 there isn't a psychiatrist. There's nursing coverage 24  
3 hours.

4 Q. But there's a psychiatrist in the building 365  
5 days a year during the daytime.

6 A. Just when the students are in --

7 Q. When the students are there. Which is Monday  
8 through Friday.

9 A. Monday through Friday, yeah.

10 Q. Roughly 8:30 in the morning until 4:00 in the  
11 afternoon?

12 A. 8:30 until 2:30 for this particular program.

13 Q. Okay.

14 MR. MARNEN: Okay. Thanks a lot.

15 MR. OLDS: I don't have anything else. Thank you.

16

17 (Deposition concluded at 1:30 p.m.)

18

19

20

21

22

23

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25



1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE WESTERN DISTRICT OF PENNSYLVANIA  
3 RICHARD P., by and for  
4 RICHARD P. and DENISE L., by  
5 and for K. L.,  
6 Plaintiffs  
7 vs  
8 Civil Action  
9 No: 03-390 Erie  
10 SCHOOL DISTRICT OF THE CITY OF  
11 ERIE, PENNSYLVANIA; JANET  
12 WOODS, Individually and in her  
13 Capacity as Principal of  
14 Strong Vincent High School;  
15 and LINDA L. CAPPABIANCA,  
16 Individually and in her  
17 Capacity as Assistant  
18 Principal of Strong Vincent  
19 High School,  
20 Defendants  
21  
22 Deposition of DENISE L., taken before and  
23 by Linda K. Rogers, Commissioner of Deeds in the  
24 Commonwealth of Pennsylvania and Notary Public in  
25 the State of New York, on Monday, March 21, 2005,  
commencing at 12:01 p.m., at the law offices of  
Knox McLaughlin Gornall & Sennett, PC, 120 West  
10th Street, Erie, Pennsylvania 16501.  
\* \* \*  
Page 1

1 For the Plaintiffs:  
2 Edward Olds, Esquire  
3 1007 Mount Royal Boulevard  
4 Pittsburgh, PA 15223  
5  
6 For the Defendants:  
7 James T. Marnen, Esquire  
8 Knox McLaughlin Gornall & Sennett, PC  
9 120 West 10th Street  
10 Erie, PA 16501  
11  
12 \* \* \*  
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Page 2

1 DIRECT EXAMINATION  
2 BY MR. MARNEN:  
3  
4 Q. You are Denise L. correct?  
5 A. Yes.  
6 Q. What is your middle name?  
7 A. Jane.  
8 Q. Where do you presently reside?  
9 A. [REDACTED]  
10 Q. In Erie?  
11 A. Yes.  
12 Q. What is the zip code?  
13 A. 16503.  
14 Q. How long have you resided there?  
15 A. Going on five years.  
16 Q. Were you residing at [REDACTED] on the  
17 day that Kristina was harmed that is the subject of this  
18 lawsuit?  
19 A. Yes.  
20 Q. You have been at a number of depositions in this  
21 case so far, and I think you probably have the drill down,  
22 but let me just remind you. I am here as the attorney for  
23 the school district, Miss Cappabianca, Miss Woods. My only  
24 purpose is to find out what you know about facts I think are  
25 relevant to the case. You have the right to understand what  
Page 3

1 I am asking. If you don't understand or hear me, let me  
2 know and I will rephrase it.  
3 We should try to avoid talking at the same time.  
4 The reporter is taking everything down, and you should use  
5 words when you communicate with me as opposed to gestures  
6 and sounds that are not words like um-hmm and unh-unh  
7 because it is difficult for the reporter to interpret what  
8 you mean by that.  
9 If at any time you want to take a break, we can  
10 take a break. This is not an inquisition. Do you have any  
11 questions of me?  
12 A. No.  
13 Q. Okay. So you lived at [REDACTED]  
14 about five years?  
15 A. Yes.  
16 Q. Are you born and raised in Erie?  
17 A. Yes.  
18 Q. For a brief period of time I gather you lived in  
19 Meadville?  
20 A. I didn't live in Meadville.  
21 Q. She did, K. did?  
22 A. Yes, yes.  
23 Q. What is K. father's name?  
24 A. Junior.  
25 Q. Is that his given name, Junior, or a nickname?  
Page 4

1 A. That's all I know.  
2 Q. L [REDACTED] or something else?  
3 A. I don't know his last name.  
4 Q. Do you have any other children?  
5 A. Yes, I have two other ones.  
6 Q. What are their names?  
7 A. K [REDACTED]  
8 Q. K [REDACTED]  
9 A. Yes.  
10 Q. What is her last name?  
11 A. [REDACTED]  
12 Q. And --  
13 A. James L [REDACTED] Junior.  
14 Q. What is James L [REDACTED] Junior's father's name, James  
15 L [REDACTED] then?  
16 A. Yes.  
17 Q. Are you residing with James L [REDACTED] now?  
18 A. No.  
19 Q. When did you last reside with him, years ago?  
20 A. Yeah, number of years ago. It had to be probably  
21 more than eight years ago.  
22 Q. Is K [REDACTED] older than K [REDACTED] or younger?  
23 A. Older.  
24 Q. What is K [REDACTED] age?  
25 A. Seventeen.

Page 5

1 from Andrew, cease living with him?  
2 A. Three years ago.  
3 Q. Are you presently employed?  
4 A. No.  
5 Q. How far did you go in school?  
6 A. GED.  
7 Q. So you dropped out of school at some time?  
8 A. Yeah, twelfth grade.  
9 Q. Did you go to school in Erie?  
10 A. Yes.  
11 Q. What high school did you attend?  
12 A. East High School and Tech Memorial High School at  
13 the time.  
14 Q. You dropped out and got your GED?  
15 A. Yes.  
16 Q. When did you get your GED, roughly, I don't need  
17 an exact date?  
18 A. I think it was 2000 -- I think about 2001.  
19 Q. What is the date of your birth?  
20 A. [REDACTED]/69.  
21 Q. So you are 36?  
22 A. Yes.  
23 Q. What kind of jobs have you had in the past?  
24 A. I worked at a laundromat. Prep cook at Gannon,  
25 janitorial through Arconetics, and I worked out of G.E. for

Page 7

1 Q. What is J [REDACTED] age, your son?  
2 A. Thirteen.  
3 Q. Is K [REDACTED] in school?  
4 A. Yes.  
5 Q. Where does she go to school?  
6 A. East High School.  
7 Q. How about J [REDACTED]  
8 A. Peiffer Burley.  
9 Q. That's a middle school, isn't it?  
10 A. Elementary, I think.  
11 Q. One through eight?  
12 A. I'm not sure.  
13 Q. Are you presently married?  
14 A. No.  
15 Q. Were you married at the time of the incident in  
16 the fall/winter of 2001? I'm talking about the incident  
17 that's part of the subject of this lawsuit.  
18 A. No.  
19 Q. Were you living with anyone at this time, any man?  
20 A. Andrew Cash.  
21 Q. Gash, G-A-S-H?  
22 A. Cash, like money.  
23 Q. Were you ever married to Andrew?  
24 A. No.  
25 Q. When did Andrew leave -- when did you separate

Page 6

1 that. And a personal care attendant.  
2 Q. Who did you work for when you were a personal care  
3 attendant, yourself?  
4 A. Joanne Richards.  
5 Q. Is that taking care of someone who is sick or  
6 someone that is old?  
7 A. Someone that is disabled. Actually I worked for  
8 two different places, it was CII and Voices for  
9 Independence.  
10 Q. At the time of the 2001 incident involving your  
11 daughter, K [REDACTED] were you employed?  
12 A. Yes.  
13 Q. Were you a prep cook at Gannon then?  
14 A. Yes.  
15 Q. How long did you hold that job?  
16 A. About six, seven months.  
17 Q. Can you give me some dates so I can -- beginning  
18 and ending?  
19 A. I know my ending date was February of 2002. It  
20 was six or seven months before that when it started.  
21 Q. Did you stop working at Gannon because of what  
22 happened to K [REDACTED]  
23 A. Yes, I lost my job.  
24 Q. Because of your taking care of her?  
25 A. Right.

Page 8

1 Q. You said K [REDACTED] when she was in school in  
2 Meadville was not living with you, she was living with  
3 someone else?  
4 A. Yes.  
5 Q. Was she in foster care?  
6 A. Yes.  
7 Q. How long was she in Meadville in foster care?  
8 A. About eight months.  
9 Q. Before she was in foster care in Meadville was she  
10 in Erie?  
11 A. Yes.  
12 Q. Was she with you?  
13 A. She was with James.  
14 Q. James L [REDACTED]  
15 A. Yes.  
16 Q. She was born in 1989?  
17 A. Yes.  
18 Q. [REDACTED]  
19 A. Yes.  
20 Q. And she has lived with you except, I guess when  
21 she was in residential treatment facilities since the  
22 incident that happened in late 2001. When I say the  
23 incident, I don't want to get graphic about it, I'm trying  
24 to refer to the sexual assault.  
25 A. Yes.

Page 9

1 Q. From the time of the assault to the present time,  
2 aside from the time she was in residential treatment  
3 facilities, she lived with you?  
4 A. Yes.  
5 Q. And when did she come back to live with you after  
6 leaving foster care in Meadville?  
7 A. It was 2001, it was before -- it was like right  
8 when school was starting, right before.  
9 Q. About August of 2001?  
10 A. Yes, I believe it was August 26th, I think.  
11 Q. I showed K [REDACTED] the calendar and it says, for  
12 whatever it is worth, that school began in 2001, 2002 for  
13 that year on August 27th.  
14 You think it was the very day -- but she also  
15 said, to be fair here, that the papers were late in  
16 arriving, and it was a while before she went to Vincent that  
17 year.  
18 A. Might not have been the 26th because it was a  
19 weekday, so it had to have been the 24th. I know it was  
20 right before school started.  
21 Q. Why was she in foster care?  
22 A. She was removed from where she was at because of  
23 neglect.  
24 Q. Where was she?  
25 A. With James.

Page 10

1 Q. With James?  
2 A. Yes.  
3 Q. What was the nature of the neglect, as far as you  
4 know?  
5 A. He didn't let them bathe properly, they had lice.  
6 Q. They, K [REDACTED] and someone else?  
7 A. All of them.  
8 Q. All three kids were with him, with James?  
9 A. Right.  
10 Q. So it was a bathing issue and something else?  
11 A. Unclean --  
12 Q. Premises?  
13 A. -- premises, yes, and missing school due to the  
14 nature --  
15 Q. Due to what?  
16 A. Due to the nature of their cleanliness.  
17 Q. During what period of time was James in custody of  
18 the three kids? Ballpark it if you have to.  
19 A. About four years.  
20 Q. Were they four years in a row?  
21 A. Yes.  
22 Q. And they ended with K [REDACTED] going to Meadville  
23 for foster care?  
24 A. Exactly.  
25 Q. Did the other two kids go to foster care too?

Page 11

1 A. Yes.  
2 Q. Did they go the same place K [REDACTED] went?  
3 A. K [REDACTED] and K [REDACTED] were together, and my son was  
4 still here in Erie.  
5 Q. Why were they with James for those four years and  
6 not with you?  
7 A. Because I was having some mental health problems  
8 because -- well, he -- my son's dad used to hit me, but he  
9 never hit them. He would call me names and stuff like that.  
10 Q. What is your son's dad's name?  
11 A. James L [REDACTED] Senior.  
12 Q. He is the one that had custody or am I getting  
13 mixed up?  
14 A. Yes.  
15 Q. I am getting mixed up?  
16 A. No.  
17 Q. You had mental health problems because of what  
18 James did to you?  
19 A. Yes.  
20 Q. Did you go into an institution?  
21 A. Yes, I was in the hospital several times.  
22 Q. Which hospital?  
23 A. Hamot.  
24 Q. As an inpatient?  
25 A. Yes.

Page 12

1 Q. Were you in there the whole four years the kids  
2 were with James?  
3 A. Off and on, then he would let me see them when he  
4 chose to.  
5 Q. So I gather when you were not in an institution  
6 during those four years you were not living with James?  
7 A. No.  
8 Q. Before those four years, I guess that is roughly  
9 1995, 1995 you started having mental health problems? The  
10 ones we are talking about, the ones that caused you to --  
11 A. Yes.  
12 Q. -- James to have sole custody?  
13 A. Yes.  
14 Q. Was that sole custody per court order or just by  
15 agreement with James?  
16 A. OCY said for them to stay there.  
17 Q. When were you married to James?  
18 A. When was I?  
19 Q. Yes.  
20 A. September 29th, 1989.  
21 Q. So a couple months after K [REDACTED] was born?  
22 A. Right.  
23 Q. From that time until -- were you with him from '89  
24 to '95?  
25 A. Yes.

Page 13

1 Q. And then you split at that time and you started --  
2 did you actually live in a different house from him?  
3 A. Well, first of all, I was in the hospital, and  
4 then I got an apartment, and then I went to a Stairways  
5 facility, then I got another apartment.  
6 Q. When you lived in those apartments, did you live  
7 by yourself?  
8 A. Yes. At one point I lived with my sister when I  
9 lived on Raspberry.  
10 Q. Did K [REDACTED] have any mental health problems  
11 before she came back to live with you in '91 -- I'm sorry,  
12 2001?  
13 A. Well, she had ADHD.  
14 Q. Anything else?  
15 A. And ODD.  
16 Q. If I understand these correctly, ADHD is attention  
17 deficit hyperactivity disorder?  
18 A. Yes.  
19 Q. And ODD is opposition defiant disorder?  
20 A. Yes.  
21 Q. Did she have any other mental health problems  
22 besides those?  
23 A. No.  
24 Q. She receives learning support, correct?  
25 A. Yes.

Page 14

1 Q. Was there any -- before she came back to live with  
2 you in August of 2001, was there any sexual abuse of  
3 Kristina that you are aware of?  
4 A. No.  
5 Q. So when K [REDACTED] enrolled in Strong Vincent in  
6 August of 2001 you were living on East 9th Street?  
7 A. Yes.  
8 Q. Why was it that K [REDACTED] went to Strong Vincent  
9 when you lived on East 9th Street, it doesn't sound like it  
10 was in the area?  
11 A. Everybody was just telling me it was a good  
12 school. And I went to East and I didn't really like it. I  
13 thought that, you know, with them going there for --  
14 Q. Are you allowed to pick whatever school you want  
15 or your child wants to go to wherever you live --  
16 A. I don't know.  
17 Q. -- regardless of where you live?  
18 A. I don't know.  
19 Q. When I went to school in the dark ages, you went  
20 in the same area. You went to schools in the geographical  
21 area where you lived.  
22 A. I know it changed at one point.  
23 Q. Okay. And when she went to school, how did she  
24 get there, walk, get a ride from you --  
25 A. I took her.

Page 15

1 Q. -- took the bus? Why did you take her?  
2 A. I always did ever since I had a car.  
3 Q. That was your habit, it wasn't because you didn't  
4 think she was able to take a bus by herself?  
5 A. Well, she never took a bus, but, you know, I would  
6 rather take my kids if I could.  
7 Q. James, her younger brother, was attending what  
8 school then, is he at Peiffer Burley?  
9 A. No. I believe he was at Irving.  
10 Q. Were you also driving him to school?  
11 A. No, he lives with his dad.  
12 Q. Okay. James Long?  
13 A. Yes.  
14 Q. Does he still live there with his dad?  
15 A. Yes.  
16 Q. After foster care he went back to his dad and has  
17 been with his dad ever since?  
18 A. Yes.  
19 Q. K [REDACTED] has been with you?  
20 A. Yes.  
21 Q. Did K [REDACTED] come back to you in August of 2001 also?  
22 A. Yes.  
23 Q. Has K [REDACTED] been with you ever since?  
24 A. Yes.  
25 Q. Did K [REDACTED] go to Strong Vincent in the fall of

Page 16



1 2001?  
2 A. Yes, with her sister.  
3 Q. You drove them there?  
4 A. Yes.  
5 Q. At a point in time, I think we can all agree  
6 K [REDACTED] was sexually abused or assaulted by C [REDACTED] B [REDACTED]  
7 correct?  
8 A. Yes.  
9 Q. When did you first become aware of that event  
10 occurring?  
11 A. When she burned herself, and that was the  
12 beginning of January.  
13 Q. Of 2002?  
14 A. Yes. It wasn't on that day, it was after she was  
15 in the hospital.  
16 Q. Were you present when she burned herself?  
17 A. Yes.  
18 Q. What did she do?  
19 A. She stuck her arm on a skillet.  
20 Q. Were you present when she did that?  
21 A. I was in the other room. She said she was going  
22 to the bathroom, and then I went in the kitchen because I  
23 heard the stove.  
24 Q. You heard the stove, what, go on?  
25 A. It has click, click, click.

Page 17

1 Q. Gas stove?  
2 A. Yes.  
3 Q. So that's the click, click, click that is  
4 associated with igniting the burner?  
5 A. Exactly.  
6 Q. Did that draw your attention?  
7 A. Yes.  
8 Q. Why?  
9 A. Because she said she was going to the bathroom.  
10 Q. Was she allowed to use the stove?  
11 A. Yeah.  
12 Q. But that was just inconsistent with what you've  
13 been told and you went to check it out?  
14 A. Right.  
15 Q. When you got there, what did you see?  
16 A. She had her arm over the stove like that  
17 (indicating) on the skillet.  
18 Q. It was on the skillet when you got there?  
19 A. Yes.  
20 Q. Was she making any sounds?  
21 A. No, she was just standing there.  
22 Q. What did you do, if anything?  
23 A. I pulled her arm off there, and then she ran to  
24 the bathroom.  
25 Q. What happened next?

Page 18

1 A. Then I called Crisis Services, and then they came  
2 and the police came.  
3 Q. What are Crisis Services?  
4 A. It's like if a kid is doing something to hurt  
5 themselves or hurt somebody else you call this number and  
6 they will come and help you.  
7 Q. Had you had contact with them before that evening?  
8 A. Yes.  
9 Q. Crisis Services?  
10 A. Not regarding her.  
11 Q. Regarding what?  
12 A. My other daughter.  
13 Q. That was K [REDACTED]?  
14 A. Yes.  
15 Q. What happened there?  
16 A. She has outbursts all the time, and sometimes they  
17 get uncontrollable and she has to be put in a hospital.  
18 Q. You were familiar with Crisis Services with K [REDACTED]  
19 your experience with her?  
20 A. Right.  
21 Q. You called Crisis -- what time of night was that,  
22 or day, did she burn herself, K [REDACTED], morning, afternoon,  
23 night?  
24 A. It wasn't in the morning, I know that.  
25 Q. I will try to help you a little bit. I looked at

Page 19

1 the medical records in preparing for this, and if you take  
2 my word for it --  
3 A. It's been so long ago.  
4 Q. If I can find it now, 10:14 p.m. she was admitted  
5 to Millcreek Community Hospital emergency room; does that  
6 ring a bell?  
7 A. Yes.  
8 Q. Does that sound about right?  
9 A. Yes.  
10 Q. Does that help you figure out or answer my  
11 question when K [REDACTED] hurt herself?  
12 A. Yeah, because we were there for a while.  
13 Q. You were where for a while, at the house?  
14 A. No, down in the emergency room part. We were  
15 there for a while, so it must have happened about probably  
16 7:00, 7:30.  
17 Q. So it was after dinner?  
18 A. Yeah.  
19 Q. Who arrived first, Crisis Services or the police?  
20 A. I believe Crisis Services did first.  
21 Q. You didn't call 911, you called Crisis Services?  
22 A. Right.  
23 Q. Did they call the police?  
24 A. Yes. 'Cuz she said she would pour hot water on  
25 them.

Page 20